MILITARY CHAPLAINS' REVIEW

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Military Chaplains' Review

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Preface

The *Military Chaplains' Review* is designed as a medium in which those interested in the military chaplaincy can share with chaplains the product of their experience and research. We welcome articles which are directly concerned with supporting and strengthening chaplains professionally. Preference will be given to those articles having lasting value as reference material.

The *Military Chaplains' Review* is published quarterly. The opinions reflected in each article are those of the author and do not necessarily reflect the view of the Chief of Chaplains or the Department of the Army. When used in this publication, the terms "he," "him," and "his" are intended to include both the masculine and feminine genders; any exceptions to this will be so noted.

Articles should be submitted in duplicate, double spaced, to the Editor, *Military Chaplains' Review,* United States Army Chaplain Board, Myer Hall, Bldg. 1207, Fort Monmouth, NJ 07703. Articles should be approximately 8 to 18 pages in length and, when appropriate, should be carefully footnoted. Detailed editorial guidelines are available from the editor on request.

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Military Chaplains' Review

Themes being considered for future issues:

Transitions in congregations
Religious education
Family Life
Preaching
Worship

Persons interested in contributing an article on one of the themes listed above should coordinate early with the editor to insure that their contributions fits well with other articles planned for the issue.

The *Military Chaplains' Review* also prints an occasional "non-thematic" issue. Any subject having to do with chaplain ministry is appropriate for such issues.

The Chaplain's Ministry in an "NBC" Environment

Chaplain (MAJ) Joseph E. Miller

It was a cold day in February 1972, and all of the students in the Chaplain Officer Basic Course were lined up outside the CBR (Chemical, Biological, Radiological) training chamber at Fort Dix, New Jersey. The First Sergeant had given specific instructions. Each of us was to enter the gas chamber where we would be exposed to a riot control tear agent (CS) and experience the value of the protective mask. After we were inside, each of us would be required to remove the mask, give the sergeant our name, rank, social security number and the name of our hometown. Then we would exit.

I had it all figured out. From what I could see, this would be a piece of cake. I would simply take a deep breath (enough to get all the requirements spoken and still get to the door), hold the rest of the air in my lungs until I could get out the door, and then breathe! I could beat this game.

As luck would have it, I was the last chaplain to exit. All the others had gone through the drill by removing the mask and taking a breath of that CS-filled air to begin their dissertation. All of them coughed and sputtered toward the door, searching for the doorknob through tear-filled eyes. "They should have planned it the way I have," I thought to myself.

Chaplain Miller is a United Methodist minister from the West Ohio Annual Conference. He is the Assistant Division Chaplain for the 1st Armored Division, Ansbach, Germany. A graduate of the Command and General Staff College, he is a candidate for the Doctor of Ministry Degree at Princeton Theological Seminary.

My turn came, and I stepped forward with confidence and a deep breath, removed the mask and shouted, "Joseph E. Miller, First Lieutenant, 224-56-2492, Russellville, Ohio!" Then I calmly aproached the door with my eyes just beginning to burn from the CS particles. The wise sergeant shouted, "Wait a minute chaplain! Where in Ohio is Russellville?" I took a breath to answer, but before I could say, "Southwest!" I had met the sergeant's requirement. I was gassed! After trying several times to find the doorknob, I finally rushed outside to join the recovery with the rest of my coughing, wheezing, eye-rubbing chaplain friends.

After that experience, the mere mention of CBR training sent chills up and down my spine. If I couldn't beat the game, I'd just avoid it. That experience at Fort Dix was the only chemical defensive training I had for nearly four years of active duty, except for a mock gas attack in the middle of a field in Korea at midnight one cold November night. The only hassle then was having to wear the mask for thirty minutes inside a sleeping bag until the "all clear" signal was given. That wasn't so bad, and the game ended.

The next training came at Fort Sill about two years later. The mask exercise was easy, we just entered a room full of eucalyptus steam to see if the odor penetrated the mask. No sweat!

Nuclear, Biological and Chemical Warfare

The field test of NBC (Nuclear, Biological, Chemical, as it was now called) knowledge was a different story. These guys were serious. And well they should have been! We had to answer questions at field test stations that would display an understanding of how to survive in a chemical, nuclear or biological warfare environment. According to the results of my well administered NBC knowledge test, had I been in an actual nuclear, biological or chemical battle environment, I would have been a dead chaplain. It was then that I realized that NBC training was no game to be beaten by avoidance, but a serious matter of life and death... not only to persons in the profession of military defense, but to anyone who would come into the path of an enemy's use of these kinds of weapons. Avoiding the problem would not make it go away.

NBC weapons in the hands of the enemy are a reality, and we must be prepared to deter their use or defend against them. Chaplains must know how to function in the NBC environment as well as how to minister to those affected by their unexpected use. Even though I represent a world view that anticipates the day when "swords shall be reforged into plowshares, and spears into pruning hooks when nation shall not lift up sword against nation..." (Isaiah 2:4), I must still face the reality of the potential of another war.

Army Field Manual (FM) 3-87 states on the first page, "Armies are now able to locate and destroy each other better than ever before. During the past several decades, the nature of battle has changed—not abruptly,

but nonetheless significantly. The development and production of weapons of massive destruction during the past thirty years have significantly changed the complexion of the modern battlefield. Included in this inventory are nuclear, biological, and chemical weapons. The employment of these lethal weapons by both sides shows how war will be fought in the future."[1]

Psychological Implications for Soldiers and Chaplains

The battlefield of the future will be characterized by the greater distance and range of modern weapons, the intensity of battles, the flexibility of weapons systems, the chemical contamination for both friendly and enemy forces, the proliferation of weapons from which to choose, the concentration and mobility of troops, and the complexity of sophisticated systems that must be brought together to achieve the full measure of combat power.[2] These factors present tremendous psychological implications for soldiers of all ranks.

The same factors that affect the soldiers will be at work among chaplains. The thesis of this writing is not to discuss the moral issues of nuclear, biological, or chemical warfare; rather it is intended to deal with the potential of that type of battlefield and to discuss the psychological implications of the NBC environment. In addition, the intent is to consider the effect of this information on the ministry of the chaplain to individual soldiers.

John Keegan wrote in his book *The Face of Battle*, "I have not been in a battle; not near one, nor heard one from afar, nor seen the aftermath."[3] But throughout his text Keegan's research and captivating style provides a mental stage on which the reader can see and hear the sights and sounds of battle. Just so, none of us has experienced nuclear conflict, and God willing, may we never. Nor have most modern day soldiers experienced a chemical or biological attack, at least not in the deadly form it is now capable of taking. But ignoring the threat of NBC warfare will not make the problem go away. We must be aware of its possible effect.

Much has been written about the NBC battlefield, and more research is appearing on the psychological stress that might be expected in the next battle. Chaplain (LTC) Emory Cowan, Director of Clinical Pastoral Education at Brooke Army Medical Center, has produced an article for the *Military Chaplains' Review* entitled "Preparing for Combat: Facing the Ministry to Which We May Be Called," in which he expresses the growing concern in the chaplaincy to find ways to equip ministers for

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[1]Army Field Manual Number 3-87, "Nuclear, Biological, and Chemical (NBC) Reconnaissance and Decontamination Operations," Washington, DC, 22 February 1980, p. 1-1.

[2]Ibid., p. 1-2.

[3]John Keegan, *The Face of Battle*, The Viking Press, New York, 1979, p. 15.

the experience of combat. To this end, the Directorate of Combat Developments of the US Army Chaplain Center and School is developing materials regularly which relate to the experience of combat.[4] Chaplains from the Chaplain Center and School and from the Soldier Support Center are constantly being updated on the AirLand Battle, and are providing vital information to leadership channels of the chaplaincy to be able to look in the future to see what type of ministry the chaplain needs to employ in an uncharted environment.

The psychological reactions of soldiers to the nuclear combat environment are the same ones chaplains can expect to feel. Apprehension, isolation, fatigue, and the multi-front battlefield will take their toll on the emotional and physical stamina of the soldier.[5] Army Field Manual 100-5 states that nonlinear maneuver battles will make battle lines indistinct[6] and that stress will have a 360° effect on every soldier's environment. Soviet doctrine stresses the principle of mass, and seeks to win through relentless offense.[7] Add to this all of the stress brought on by any lack of training in NBC defense, and a psychological casualty is guaranteed. All of these factors and their effects are heightened by the addition of the Mission-Oriented Protective Posture (MOPP) clothing and equipment.

Pastoral Ministry While Wearing MOPP-4 Gear

I had never experienced the effects of the MOPP level four until one warm fall day at Fort Leavenworth, Kansas. The protective suit including overboots, rubber gloves and protective mask, was worn during the entire duty day. For added experiential effect, any time the student left the classroom he/she was required to wear the entire suit with gloves and mask. The only time gloves, mask and jacket could be removed was inside the classroom's "clean" environment. What an experience that was! By the end of the day it felt as though we had put in fifteen hours instead of eight. The heat buildup inside the pants and overboots alone caused the body temperature to be above normal even in the classroom. Trips to the latrine, library and cafeteria had to be made with all the gear on. No one could recognize anyone else through the mask, and the clothing made everyone look alike without the help of nametags for identification. Imagine trying to pour a cup of coffee with the butyl rubber gloves on, much less attempting to dig in a pocket for change!

The afternoon culminated with an outdoor exercise which lasted for two hours in the hot sun. Each member of the class remained fully

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[4]Chaplain (MAJ) Emory G. Cowan, Jr., "Preparing for Combat: Facing the Ministry to Which We May Be Called," in the *Military Chaplains' Review*, US Army Chaplain Board, Fort Monmouth, New Jersey, Department of the Army Pamphlet 165-129, Spring 1981, pp. 79-80.

[5]Army Field Manual Number 101-31-1, "Staff Officers' Field Manual: Nuclear Weapons Employment Doctrine and Procedures," Washington, DC, 21 March 1977, p. 8.

[6]Army Field Manual Number 100-5, "Operations," Washington, DC, 20 August 1982, pp. 1-1, 1-2.

[7]Ibid., p. 4-1.

clothed in MOPP-4 gear and received instruction in survival, warning and decontamination techniques. Drinking water, giving artificial respiration, filing reports and other manual tasks were made much more difficult than normal. Yes, it was a hassle; but it was the most effective day of NBC training I have ever received. When the ending whistle sounded and MOPP gear was removed, I took off my rubber gloves to pour out the accumulated sweat and expose fingers that looked like wet raisins!

What if pastoral ministry is ever required while wearing MOPP-4 gear? The normal nonverbal signals that a chaplain can pick up from another individual will not be visible through the mask. The chaplain will not even be identified unless his/her helmet or cap is marked with the tablets or cross, or a little ingenuity marks the jacket with masking tape. Normal communication is hampered to the point that the chaplain might have a difficult time hearing a soldier speak, much less making himself/herself heard by the soldier. Sermons and song services are out of the question with a mask on! That means the chaplain will need to communicate on a one-to-one basis with soldiers in the contaminated area. Here is where the chaplain's imagination will produce ways to communicate hope, peace of mind, and the written scripture to soldiers in an unusually stressful environment. Worship will be on an individual basis. A laminated card with printed hymns and scriptures and brief commentary might be prepared in advance to be used in just such a tumultuous time. The card could be decontaminated for use with other units in the area. Throw-away literature could be prepared in advance that would bring a message of hope and comfort to soldiers who have been exposed and are now in MOPP-4 posture. Advance training in the art of meditative prayer could be taught by the chaplain as a regular part of his/her duties. Teaching the value of a simple prayer repeated over and over could be the sustaining help that an individual needs to keep from becoming a psychological casualty.

Whatever ministry or communication is done, it must be known that the deteriorating effects of long wearing of the MOPP-4 protective gear will take its toll on soldiers and chaplains alike. COL James W. Stokes, Medical Corps, from the US Army Academy of Health Sciences, Behavioral Sciences Division, Psychology and Neurology Branch, from Brooke Army Medical Center, Fort Sam Houston, Texas, teaches several problems that can develop during prolonged wearing of the protective gear. The suit may have to be worn for hours, and sensory, motor and perceptual consequences will hamper activities that require touch, hearing, sight and smell. The mask will muffle speech, making normal communication frustrating as well as hampering radio communication.[8] Heat stress and hygiene issues can bring tremendous discomfort. The difficulty in

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[8]COL James W. Stokes, "Psychological Aspects of NBC Warfare," US Army Academy of Health Sciences Behavioral Sciences Division, Psychiatry and Neurology Branch, Brooke Army Medical Center, Fort Sam Houston, Texas, Draft Number LP 51-240-317, date unknown, p. 216.

recognition of others in the unit will have its impact on the paranoia of infiltration risk and produce a sense of isolation even in the crowded environment of the military unit.

The Physical Presence of a Chaplain

Added to all this, COL Stokes suggests that there are psychological effects with the use of antidotes and chemical warfare agents. Atropine may be administered as an antidote for nerve gas when no nerve gas is present, causing several physical traumas including blurred vision, increased heart rate, reduced judgment effectiveness, confusion and disorientation.[9]

It is quite possible that the presence of the chaplain in a unit can have a calming impact on the individual soldiers. MAJ Doug Gibson had the following comments to make in response to my question, "What would the physical presence of the chaplain mean to you in a contaminated environment?" "Well, the chaplain *could* be somewhere else," MAJ Gibson said, "but he/she is there with our unit... a little piece of *caring* where caring is usually lacking. I'd like for my chaplain to just *be* there, willing to talk to me and the soldiers, trying to find out what's bothering them as a group or as individuals. Don't go in with an agenda... just be there, and be available." COL Stokes echoed that, and added, "It might be valuable to encourage the soldier to practice meditation techniques... prayer, a sound, a word... something that can keep them in touch with themselves and with God as they know him."

The nuclear environment, also, naturally has terrific physical destructive capability, but it also has a tremendous psychological impact. Radiation, flash blindness, retinal burns, heat and blast burns and dismemberment are all possibilities. Many of these are vividly pictured in the book *The Medical Effects of the Atomic Bomb in Japan* from the National Nuclear Energy Series. Published in 1956, this book is nearly thirty years old, but studies the previously unknown physical trauma inflicted by nuclear attack.[10] Living under the threat of this type of warfare would have a weakening effect on the psyche of the soldier.

With the chaplain in the same environment, the effect of threatened or actual nuclear attack would not only bring about the need for accelerated ministry to soldiers affected, but would also take its toll on the ministerial ability of the chaplain. There would be new ethical dilemmas for the medical, command and chaplain personnel. The decision would have to be made about what soldiers could be told of their chances when the odds could only be estimated. Can exposed soldiers be expected to return to duty to die?[11] Medics and chaplains are not immune themselves,

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[9]Ibid., p. 218.

[10]Ashley W. Oughterson and Shields Warren, *Medical Aspects of the Atomic Bomb in Japan*, McGraw-Hill Book Co., Inc., New York, 1956.

[11]COL James W. Stokes, Op. Cit., p. 224.

and the danger of exposure will be a risk in attempting to minister to casualties.

Chaplains Alongside Their Parishoners

Here is the primary difference between the call to ministry for the chaplain and for the civilian priest or minister. The military chaplain's ministry follows the soldier anywhere he/she goes, be it barracks or battlefield. This kind of discipleship carries with it the potential of first-hand encounters with personal suffering and death. These factors do not make the military chaplaincy any more honorable than local parish ministry; but the "parish" of the chaplain has been considered and chosen deliberately, and with a sense of calling and duty to a work quite different in its possible employment. A soldier cannot expect his/her pastor, priest, or rabbi back home to don protective gear and accompany him/her to the battlefield. Even if that were possible, much training would be required in order to reduce risk for the civilian minister and for the military unit. Since July 1775, however, chaplains have been a part of their "parish" in the Army following a general order issued by General George Washington, and by an act of the Contintenal Congress. Like the Apostle Paul when he was being persuaded by his friends to stay away from a particular city because of potential danger to his life, he said, "What mean you to weep? I am ready not only to be bound, but also to die...for the name of the Lord." (Acts 21:13) The military parish is not without its hazards, nor is it without its blessings.

Since the chaplain's path may well be directed toward the battlefield along with his/her parish, what should be done to prepare for this type of ministry? Chaplain William I. Phillips made four suggestions in the Summer 1982 edition of the *Military Chaplains' Review*: (1) Chaplains should share with soldiers the belief that they are not alone, and that God has promised to be with us even "in the valley of the shadow of death." (2) The Chaplain can assist commanders in fostering an increased sense of unit cohesion at the squad/section, platoon and company/battery level. (3) The chaplain can participate in the on-going education process of the Army medical department as it focuses on the soldiers' reactions to combat. (4) The chaplain can assist in the generation of more unit support for family and community activities, caring for the families left behind.[12]

Developing Skills for NBC Survival

The chaplain training program for the 9th Infantry High Technology Light Division at Fort Lewis, Washington, stresses survival skills so that the chaplain can perform his/her ministry on the lethal modern battlefield. In

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[12]Chaplain (CPT) William I. Phillips III, "Attacking the Tiger: Psychiatric Battle Casualties," in the *Military Chaplains' Review*, US Army Chaplain Board, Fort Monmouth, New Jersey, Department of the Army Pamphlet 165-134, Summer 1982, pp. 27-29.

his information paper dated 26 August 1982, Chaplain Marvin E. Hollowell made several suggestions including skill development in NBC survival (which is critical), but seeking ways to do the required ministry under such conditions.

The lethal battlefield raises some theological and ethical issues to be considered. The chaplain must decide under what environmental conditions can last rites be administered to a dying soldier exposed to nuclear, chemical or biological agents. Much attention has been directed to the individual soldier in the NBC environment; but a special ministry will be necessary for the commander who is forced to make life or death decisions while following his/her orders on an NBC battlefield. What special ministry needs to be ordered in the medical facilities, not only to patients, but to the medical staff? The chaplain will be exposing himself/herself to nuclear radiation or chemical/biological agents in the process of ministry. There is also the special situation in the nuclear environment of those persons who have been exposed to fatal doses of radiation and have but few days to live. How effective will the pastoral ministry of a chaplain be if he/she has also been exposed to a lethal dose of radiation? Another consideration will be for chaplains to offer pastoral care to other chaplains during those emotion packed events.

One of the inevitable psycho-social reactions to the NBC battlefield environment will be panic. Physiologically there will be fatigue, exhaustion, undernourishment and lack of sleep (for soldiers and chaplains alike). Psychologically there is surprise, uncertainty, insecurity, anxiety, isolation and helplessness. Sociologically there will be a lack of group solidarity, possible lack of leadership, and lack of faith in the leaders.[13] The chaplain will have a role not only in assisting with troop panic emotions, but will also need to be concerned to some extent with civil military operations and attempts to control and help with displaced persons, refugees and evacuees from the local civilian population. Add to this the fact that soldiers will be better equipped than local civilians for protection, cohesiveness and unified action.[14]

Rules for Stress Management in the Military

How does a chaplain, or any other person, train for action in a stressful environment? A new Army Field Manual (FM 26–2) is in draft form as of January 1983 entitled "Management of Stress in Army Operations." In this writing there are listed "Fourteen Rules of Thumb for Management of Stress in Army Operations." They are as follows:

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[13]Robert Vineberg, "Human Factors in Tactical Nuclear Combat," The George Washington University Human Resources Research Office, operating under contract with The Department of the Army, Washington, DC, Technical Report 65-2, April 1965, p. 12.

[14]Ibid., p. 36.

1. Assure that every effort is made to provide for the welfare of the troops.

2. Develop in each soldier confidence in self, equipment, unit, training and leadership.

3. Demonstrate leadership that is competent, decisive, assertive and fair.

4. Provide sleep/rest, especially during continuous operations, whenever possible. In particular, insure sleep for decision-making personnel.

5. Apply the principles of immediacy, proximity, and expectancy when dealing with soldiers under stress.

6. Keep mild stress casualties on duty.

7. Rest minor stress casualties and return recuperated stress casualties to duty.

8. Use techniques for reducing stress before, during, and after combat.

9. Keep on top of background sources of stress (prior to combat): family concerns/separation, economic problems, personal problems.

10. Point out that the enemy also faces stressful conditions.

11. Provide a flow of information upward, downward, and laterally to minimize stress due to uncertainty or lack of information.

12. Set realistic goals for progressive development of individual, team, and unit competence. Systematically test the achievement of these goals.

13. Make certain that each soldier understands his/her role and his/her contribution to the success of the unit and of the mission.

14. Present realistic and detailed expectations about present and future combat conditions.[15]

Of these rules of thumb, the chaplain has either a direct or an indirect role in pastoral care touching each area.

Preparing Oneself Through Training

Pastoral care for the chaplain may in the future be conducted under very violent conditions. The chaplain's primary mission is to provide pastoral care to the soldier in combat on a battlefield of high lethality, mobility and stress. Not only will the soldier be under heavy stress, the pastor will face the same circumstances. In order to survive, all soldiers on the battlefield must be aware of the potential use of NBC weapons. Survival will depend on proper and timely defense measures against these weapons.

The chaplain and his/her staff must make a continuous effort to train for combat operations. In Table of Organization and Equipment

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[15]Army Field Manual Number 26-2 (Draft), "Management of Stress in Army Operations, US Army Soldier Support Center, Fort Benjamin Harrison, Indiana, October, 1982, p. vii.

(TOE) units, this type of training is the norm in which chaplains and chapel activities specialists actively participate. Chaplain (COL) Berdon Bell wrote an article for the February 1983 Chief of Chaplain's Newsletter suggesting several ways to train for combat environments. Drawing on an article for the "Army Logistician" by LTC Cary D. Allen, Chaplain Bell modified some of the training hints to fit the chapel ministries team. Of particular interest for purposes of this discussion were training suggestions that dealt with physical fitness, tactical competence (map reading and navigation exercises), and battlefield orientation (where would the chaplain and CAS be located on the battlefield and how would they understand the threat to their survival?).[16] It might mean the hassle of MOPP gear training during time that is so hard to carve out of a busy chapel schedule, trips to the field for work under simulated battlefield environments; but if the need ever arises, readiness will be the result.

Avoiding the problem of defense in an NBC environment will not make it go away. This type of battlefield will undoubtedly be a part of the enemy's attack plan. We can either live with the training now, or die from our own ignorance.

On the next battlefield, military chaplains will face a ministry that is physically, emotionally and spiritually demanding. We must be physically in shape, emotionally aware of ourselves and of our call to a ministry in a military setting, and spiritually prepared with the "whole armor of God." (Ephesians 6:13-17) Ours is an intentional ministry of presence to the soldier who is required to be on duty in the field of national defense. The chaplain will face the same types of challenges, fears, and discomforts as the soldiers in his/her parish. That parish can be located anywhere in the world, and the pastor, rabbi or priest will always be there with a presence that should not be denied a soldier because of his/her chosen profession. The message of the scriptures is for all persons involved in effecting defense, and for those for whom defense exists, when it reads:

> "He that dwelleth in the secret place of the most High shall abide under the shallow of the Almighty. I will say to the Lord, He is my refuge and my fortress: my God; in him will I trust. Surely he shall deliver thee from the snare of the fowler, and from the noisome pestilence. He shall cover thee with his feathers, and under his wings shalt thou trust: his truth shall be thy shield and buckler." (Psalm 91:1-4)

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[16]Chaplain (COL) Berdon Bell, "Training Today's Chapel Activities Specialist," in the Chief of Chaplain's Newsletter date 1 February 1983, Washington, DC, Enclosure 1.

Suicide: Recognition and Intervention

Chaplain (LTC) Lee A. Smith, USA Retired
Chaplain (CPT) David V. Welch

Getting My Attention

A young lieutenant entered my office and began his conversation, "I am planning to go to South Carolina, buy a gun, and kill myself, but I thought of your classes on suicide and decided to talk with you first." Another young man who was dealing with an alcohol problem stated, "I will try your suggestion, but if it doesn't work I will kill myself." During the "Cuban Crisis" I was called by a company commander who wanted me to see a young soldier who was refusing to go on guard duty with a loaded weapon. I discovered he was afraid he might kill himself. My introduction to the last unit to which I was assigned before retirement was to conduct a memorial service for a sergeant who had killed himself. These sobering incidents indicate the life-and-death nature of some pastoral encounters.

Getting Command Attention

After the memorial service I discovered the post had experienced five suicides the preceding year, and four of them had been in the greater unit to which I was assigned. I approached Command about these suicides recommending workshops be given to officers and senior NCOs to introduce them to signals that persons may be in serious emotional trouble and

Chaplain Smith is a retired Army chaplain. While on active duty, he was Fort Riley Retraining Brigade chaplain. A certified Marital and Family therapist, he was advanced degrees in Pastoral Counseling and Clinical Pastoral Education. He was taught Suicide and Crisis Intervention at North Carolina Justice Academy and has conducted many workshops covering many approaches to counseling.

Chaplain Welch is currently stationed at Fort Bragg, NC, as the 18th Personnel and Administration Battalion chaplain. A member of the Church of Jesus Christ of Latter-Day Saints, he holds several advanced degrees including a doctorate. He is state certified as both a psychologist and marriage and family therapist, and holds membership in several professional organizations.

in danger of killing themselves. Resistance took the form of, "it really isn't that big of a problem and don't give anyone any ideas." It took a year and a half to obtain that Command permission which came after the Commander received a "suicide" call and no one was around to tell him what to do. This article grew out of the workshops I gave to officers, NCOs, and later to everyone, on early recognition and intervention of suicidal dangers.

Statistics

Over 25,000 persons each year are pronounced dead by their own hands. About 5,000 of these are from the age group of most of our young soldiers (late teen to adulthood) and many believe that rate is going up at an alarming rate. Over 250,000 persons are treated for attempts upon their lives each year. Add to the preceding "pure" statistics the belief that for every reported suicide five persons actually kill themselves, but are reported as death by accident or from natural causes. I believe many one person "accidents" are suicidally related. Most doctors and police report deaths as suicides only when there is no other possibility. They do this not to deceive, but to avoid the added suffering for families of suicides and problems caused by the incredible amount of prejudice still existing concerning suicide.

Some of My Assumptions About Chaplains and Suicide

Every chaplain who is doing his job is confronted with people in crisis, and therefore, dealing with life and death issues. Suicide is a religious problem, i.e. one who decides to kill oneself is assuming one of the prerogatives most believe belongs to God alone. Every suicidal person tells someone, either overtly or covertly, he is planning to kill himself.

Most suicidal persons are ambivalent toward death, and by giving signals that suicide is a possibility, they are saying, "HELP ME." A large percentage of suicides are preventable when signals are recogized and treatment is initiated.

Although suicidal persons should be treated by "professionals" most signals are given to family and friends. Armed with some basic knowledge of "suicide signals" these people can be a most powerful force in preventing many useless deaths and much suffering. We frequently hear after a suicide, "if only I had known something was bothering him."

The chaplain can be the most powerful force in any unit by assisting Command recognize and deal with desperate persons. I used the Human Self Development program to spread the word that ONE DOES NOT HAVE TO KILL ONESELF OR STAND BY AND WATCH A FRIEND DO IT.

A chaplain moving throughout the units is most likely to hear of persons who are "acting strange" and has the greatest opportunity to give

spiritual "first aid" and determine if more sinister signals are being given. SUICIDE IS A PERMANENT SOLUTION TO WHAT IS USUALLY A TEMPORARY PROBLEM.

Some Signs and Characteristics of Suicidal Danger

Someone talking about wanting to kill himself is the most obvious and overt sign that suicide is a real danger. The myth still persists that "one talking about suicide doesn't do it." Please don't be fooled by it and try to assure the person, "since you are talking about it you will not do it." It is not unusual for people to remember after the fact that the person frequently talked about death and sometimes suicide. "I didn't think they were serious" is a frequent statement heard. Anyone talking about suicide is on a dangerous path.

More often signals are veiled. Suicide and suicidal attempts are action communications. Therefore, anytime one is faced with any pronounced change in behavior, it is time to check out its meaning. This becomes doubly important if the person has been depressed or hospitalized within the last ninety days. If an agitated or depressed person suddenly becomes calm and you feel you have been told "good-bye" or if they start getting their "house in order," especially if they give away prized possessions, suicide may be an immediate threat. These are very deadly signals. One lady I knew called friends and asked for forgiveness for all the little inconveniences she had caused them. She attempted suicide that night, but someone heard her cry for help and she lived for better days.

Depression is a frequent signal that something is wrong. Some symptoms of depression are: trouble sleeping, increased drug use to function (prescription or illegal), carelessness in dress habits, withdrawal from usual social contacts, and/or a slowdown of body movements or speech. Depression does not always mean a person is suicidal, but when other signals are present, action must be taken to assist in getting the best help available. Add drugs to depression and the danger of suicide increases drastically. One doctor I know checks for suicidal ideation when drug abuse, family, money and/or sexual problems exist. If the problem is organic the medical staff is best qualified to treat it. However, if the symptoms result from life situation changes the chaplain may be the best person to help. My rule of thumb is always involve the medical staff in the treatment of suicidal persons.

Anyone indicating to me they feel they have committed the "unpardonable sin" receives special attention. A person unable to accept forgiveness from God or his church will probably find a way to punish himself. The ultimate punishment is suicide. The suicide of the sergeant I mentioned earlier occured because of a "sin" committed fifteen years before his death, according to a suicide note. Persons who feel they are so "bad" they don't deserve to live will find a way to kill themselves or have someone do it

for them. This may involve dangerous crimes which could endanger the lives of others. When talking to someone about their "sins" I look for their need to punish themselves. I believe many people stay in prison to receive punishment for "sins" rather than for the crime which caused them to be sentenced to prison. I also believe many people go to prison in order to protect themselves from themselves. Any sudden criminal behavior should be seen as a cry for help.

Stress is usually a major factor in suicide and suicidal attempts. Usually there is an added current stressor to a long list that pushes one over the edge.

There are many lists of signs that someone is on the road to suicide. I have reduced these lists to three feelings and three decisions. The feelings are: (a) HOPELESSNESS. People who leave notes and people not successful in their attempts at suicide indicate they believed there was only one way out of their emotional pain—death. (b) HELPLESSNESS. People who are suicidal usually feel they have no power to change their situation or lives, and (c) WORTHLESSNESS. Suicidal people feel they don't deserve anything but death. Anytime I am confronted with these three feelings, either stated or implied, I probe deeper for any of the three suicidal decisions. These decisions are: (a) A definite plan. The more specific the plan the greater the danger. (b) Is the plan available? For example, does the person have the gun, pills, etc. with which to implement the specific plan. And (c) Is the plan lethal? The lethality of the plan gives the most accurate clue to the immediacy and seriousness of the threat. Shooting oneself is very lethal; starving oneself to death is not so sure nor immediate. When there is SPECIFIC AVAILABILITY AND LETHALITY OF MEANS the danger is immediate and the need for help is desperate. Action should be taken immediately to prevent serious bodily harm or death.

Types of People Most Likely to Commit Suicide

Although no one is predestined to commit suicide, statistics indicate some people are more likely than others. Whites kill themselves more often than blacks. Christians kill themselves more frequently than Jews. Mid–teens into adulthood have a higher suicide rate than adults before forty. People ages forty and above are more lethal and the lethality increases with age. Males kill themselves more often than females although females attempt suicide three times more frequently than males. If someone has "shown the way" by committing suicide and other indicators are present, the threat increases significantly. Persons who feel threatened sexually because of surgery, impotence or from other causes are high risk in terms of suicidal behavior. If a person has a history of suicide attempts, the risk of death is higher. These rehearsals may be to test others (do they care?) or to prepare oneself and others for their suicide. Persons in families which have expe-

rienced a death within the last year have a higher risk. Don't overlook the children. It is now believed that children ages five and above knowingly kill themselves. Children who start doing dangerous things, especially after the death of a family member or favorite pet, should be seen by a professional counselor. Anniversaries and holidays are high danger times. Persons who have been released from the hospital within the past ninety days for an emotional illness are a high risk.

Some Interventions

When I, as a chaplain, have the feeling someone might be desperate, I ask them if they are thinking about hurting themself or someone else. This is my first intervention when the message is not clear. I have never had anyone indicate they were offended by the question. Most are relieved that someone else knows. My wife cut her arm separating frozen hamburgers. The doctor later told me he was concerned she might have done it deliberately. When I asked if he had discussed it with her, he was shocked that I would suggest that, and said he was afraid she might have been offended had he asked her. This attitude is frequently found among professionals. My wife was not, nor is she, suicidal. I have found people to be truthful when approached in a caring way.

Suicide may be a long and involved decision, however, the immediate drive is usually of short duration brought on by some new stress. When it is determined that a person is suicidal REMOVE THE MEANS DECIDED UPON OR DENY THEM THE OPPORTUNITY TO KILL THEMSELF. Take away the gun, pills, etc. or have the person hospitalized. By breaking the pattern, frequently the life is saved and treatment toward more permanent solutions to their life threatening situation may be started. I believe hospitalization is usually the best immediate path for persons seriously suicidal. This is not difficult if his chaplain will accompany the person to the hospital and talk with the attending physician. It is more difficult outside the military, but it can be done. I have had only one person committed against their will. All others have gone with me to the hospital. If hospitalizataion is not possible for any reason, insist family or friends help in preventing suicide. Usually this is accomplished by someone staying with the person and denying them the opportunity of killing themself. This is a must during the immediate crisis. I instruct the person who is staying with the potential suicide on how and where to get help if needed. I, also, give them my home phone number.

Suicide is an action communication and by changing the action from negative to positive lives are saved. When called by someone threatening suicide, I tell them to make a pot of coffee, take a shower, call a friend, go next door, or anything to keep them doing something until I arrive. I never tell them not to kill themselves before I arrive.

Stay with the suicidal person until precautions are initiated. One chaplain left the room to confer with someone only to find the person had

left. She ingested drugs and drove her car into a tree. The chaplain had the phone number of a friend with whom she had left her children. He called the friend which led to the discovery of the drugs and that the suicidal person had sped away from the house in her auto. He contacted the MPs and when they returned his call to tell him she had crashed, he went to the hospital where he reported the drugs and her suicidal behavior. Had he not done this she would have been placed in a general hospital ward where she could have died from the drugs. This example indicates two needs: don't leave the person you consider suicidal alone. Get involved. I don't ignore the confidential relationship, but sometimes one must decide which is more important—life or confidentiality.

Nowhere is it more important to be a good listener than when dealing with a suicidal person. Obviously as long as they are talking they are alive, but more important I want to hear what they feel is the important spiritual (emotional) issue. It is not important what I feel the issue is at this point, but what they feel is the central issue causing them to feel they need to die. One lady I knew was sure she had committed the "unpardonable sin" because she was treated by a chiropractor. Help the person reduce the emotional pain to a tolerable level is an immediate goal. Help them discover how they can make that change. Sometimes they cannot control the change. Don't give false hope, but work toward making the needed change occur. I fully support the rule, "do for the parishioner only that which he cannot do for himself. However, sometimes the chaplain may need to act on the person's behalf in order that the person can move from square one.

Determine the strengths of the suicidal person. A person able to admit feeling suicidal is more likely to accept help than one giving hidden signals. One who has close positive relationships is usually more likely to "weather the storm" than one with few friends. One who may have faced crisis before and thought about suicide, but not attempted suicide, may find strength in knowing they have survived suicidal thoughts before. Letting them know almost everyone thinks about suicide at one time or another (but most people don't klil themselves) may relieve some anxiety. I feel it is especially important for teenagers to know thinking is not synonymous with doing. I remember the first time I thought about killing myself as a teenager. I stayed scared for several years until I discovered just because I thought about it didn't make it so.

Be attuned to your feelings and trust them. If I feel angry in a session, I want to know if the anger is mine or theirs. If I suddenly feel confused, I need to know if I am dealing with a schizophrenic or if I am just not hearing correctly. If I feel sad, I need to know whose depression we are dealing with.

I believe the most important intervention is to obtain a contract from the person. I will not work with a person I consider suicidal outside of a hospital unless they will make the following contract: "I will not harm myself nor provoke someone else to harm me, nor will I harm another

person while we are working together." If I cannot get this contract, I take steps to have them hospitalized. If that is not possible, I confront them with the danger I believe is present and notify the family or whoever may have some responsibility for them, or may be in danger by them. It works. I have never had a person with whom I was working commit suicide or attack someone else.

A final suggestion on interventions...GET INVOLVED AND STAY INVOLVED. By follow-up involvement the chaplain can help the person and often the family find more permanent solutions to life's pains and mediate God's and human concern and love. Some believe every suicide asks, "does anyone care about me?" and by getting involved the chaplain indicates by his actions the caring of both God and man. Also, chaplain involvement helps them know they are not alone nor worthless.

Some Don'ts

NEVER NEVER NEVER work alone with a person traveling the road to suicide. This rule is important for several reasons: (1) Suicide involves more than one person and I believe anyone determined to kill oneself may also be homicidal. One theory is that every suicidal person has three desires: the wish to kill (anger), the wish to be killed (guilt), and the wish to die (peace). Also, sometimes the suicidal person may be trying to punish someone for his real or imagined pain. (2) Depression is a highly contagious disease which is exemplified by the higher than "normal" suicide rate for those treating it. (3) Frequently psychiatric help is needed for an extended period of time. Often another doctor is involved in treating physical symptoms and may not know of the suicidal threat. (4) By intelligently involving others. The question "Does anyone care about me?" is answered affirmatively. I have had only one person refuse permission to involve others who can help. (5) Finally, I believe persons asking for help deserve the best professional help possible, and often that can best be accomplished by confering with others. If I have any serious question about the person's suicidal intention, I ask another chaplain to come in and check the situation out. Again I have never had a person refuse to allow that.

When answering a nighttime suicide call, I almost always take someone with me, another chaplain or assistant. Frequently, I have the police (MPs) stand by out of sight until I can check the situation. Don't go bursting in on a person known to have a gun.

Please never say "go ahead." Paradoxical intention counseling is very dangerous when working with suicidal persons. One doctor gave a patient a razor blade—he used it. A captain gave a lieutenant a loaded .45—he blew his head off.

Extended Care

The preceding information has been directed toward intervention in crisis

situations which indicate suicide may be an immediate threat. The chaplain who is involved beyond the immediate crisis will need to be aware of the stresses which brought the person to the moment of decision to die. When working with someone recovering from depression be aware that as energy returns the life threatening possibilities increase. Just because someone is "feeling better" does not mean the crisis is over. During the follow-up phase, check to see if old or new stressors are causing new life threatening situations. If the danger returns, it is necessary to enter into new contracts or initiate more and/or different treatment.

Some Conclusions

The aftermath of suicide is devastating. For the suicide it was a very permanent solution to what might have been a temporary problem and a very useless death. Those left behind have scars which are usually permanent and extremely difficult to live with. The family is in need of special and extended pastoral care. Often the community help is diminished because of fear and "not knowing what to say." A chaplain may help the Christian Community understand that their love and concern is needed now more than ever.

The chaplain is not afforded the luxury of whether or not he will see people thinking of killing themselves, only how well the job will be done. Obviously, this article only scratches the surface and does not deal with many aspects of treating suicidal persons. If you wish to study further, I suggest you form a group with chaplains willing to discuss the subject. Three subjects I try to deal with in all workshops for chaplains are:

(1) What you believe about people commiting suicide.

(2) What you feel when people talk about suicide.

(3) When you feel someone might be justified in committing suicide.

Some books which have been especially helpful to me are: *Understanding and Counseling the Suicidal Person* by Paul Pretzel; *Coping with the Crisis in Your Life* by Edger N. Jackson; *The Cry for Help* by Norman L. Farberow and Edwin S. Shneidman; and *Crisis: Psychological First Aid for Recovery and Growth* by Ann S. Kliman.

The direction of this article has been discovering and helping persons who are seriously suicidal receive help and survive. An encouraging note is that most people, even those giving off suicidal signals, do not kill themselves. Only about 13–15 persons out of every 100,000 actually kill themselves. Another fact we need to hold on to is that only the suicidal person can make the final decision of whether or not to die. Sometime during the counseling I try to help the person face this responsibility. The Suicide Intervention program that I developed within the units created more positive response than anything I did in my twenty-one years in the Army. I still receive calls about the problem although I retired in April of 1981.

Education for Responsibility: A Chaplain's Role in Alcohol Rehabilitation

Chaplain, Captain, C. Wayne Perry

Like many of the chaplains with whom I have spoken, my first contact with alcohol rehabilitation was being assigned to it as part of my job description. Before that I only knew that Alcoholics Anonymous existed, and I knew that Air Force bases provide some sort of alcohol rehabilitation. So I took my place in the Plattsburgh AFB program doing merely what my predecessors had done: interviewing each suspected abuser (drug or alcohol—the local rehabilitation program for both was identical), and making recommendations to the individual's rehabilitation committee. Any followup was strictly at the initiative of the individual, though the Social Actions staff did encourage it.

Within a few months I began to question this role. Was this the best possible use of my time? What did I, as a chaplain, have to contribute to the alcohol rehabilitation effort that was in any way unique? My suspicion was that the substance abuse counselors saw me as a "psychologist in priest's clothing"; I do not believe they saw me as unique in any way, except that I had a bit more formal training in psychology and counseling than the rest, and I alone (by regulation) could provide total confidentiality for the clients.

Fortunately, the Social Actions staff was sensitive to my concerns. We borrowed heavily from the rehabilitation design at Nellis AFB to jointly create a program which would better serve the clients, meet all the military requirements, and allow for the best use of a chaplain's involvement. I am presenting our solution as a model for others to use and adapt to their special situations.

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Our program consisted of two phases of fixed length: a forty-five day intensive, and a much longer follow-on support. By mutual agreement, I concentrated my efforts in the growth group, which was one of four required weekly meetings during the intensive phase (the other three were an education group, an encounter group, and an AA meeting). Also by mutual agreement, I no longer routinely sat on the rehabilitation committees, although I reserved the right to do so whenever I had some special observation to pass on to them.

I found this growth group to be a perfect vehicle for a chaplain's involvement in alcohol (or drug) rehabilitation. Exclusive of preparation time, it required only ninety minutes a week, yet provided an opportunity to make an impact on quite a few lives. I had the freedom to structure it as I chose, which allowed me to use my unique role as a chaplain to best advantage.

But before I explain *what* I did, I want to say why I did it. I will begin with theology, because I believe theology is foundational to all we as clergy do. After listing a few practical implications of this theology, I will turn to the psychological and educational theories which produced the design. I will then highlight a few spiritual values we as clergy can bring to rehabilitation. And, finally, I will describe the actual growth group process.

Practical Implications of this Incarnational Theology

The chaplain seems to be perceived in a rather unique way. Conversations with other chaplains involved in some sort of drug/alcohol rehabilitation reveal that, in their experience, no client has "blamed" the chaplain for his problems—even in those programs where the chaplain actually sits on the client's rehabilitation committee and helps make decisions affecting the client's life. The chaplain is almost universally perceived as attempting to be "helpful." This perception means that who the chaplain is may be more significant than what she/he says.

Naturally, the chaplain's personal convictions regarding the use and abuse of alcohol will have an immeasurable effect on his/her effectiveness in dealing with alcohol abusers. I suspect that one reason for the favorable reports just mentioned is that chaplains who do choose to become involved in alcohol rehabilitation do so out of concern for persons; it is often not a popular form of ministry in the hierarchy of projects, programs, and people on a busy Air Force base.

Yet this investment in ministry may yield dividends in the future. Should the airman stay in the military, the fact that a chaplain was there during a time of great turmoil and stress will bode well for future healthy relationships between that person and other chaplains.

Of more immediate consequence are those opportunities it opens for ministry in other areas of life. There were numerous instances where persons I had seen, or was seeing, in rehabilitation came to me for advice and counsel on matters unrelated to the Social Actions program. Some of

these have been as vital as salvaging a marriage. Others have been as seemingly trivial as assisting a former client deal with some problem boys in his Explorer post. In each of these instances, I was able to help because the counselee had already experienced God's love and acceptance, as incarnate, at least to some small degree, in me. In turn, I was able to "pronounce forgiveness" in a way no secular counselor could have.

It is this dimension which is so vital to a total rehabilitation effort. "Whenever chaplains fail to reach out to those who have lost their way and are sullied in life's most desperate circumstances, it is as though they are saying, 'Come to us only if you are together and are seeking God in the way we are seeking him. If you cannot, we do not have time for you and your problems'..."[1] If God, as symbolized by the cross or tablets on the chaplain's chest, cannot accept and forgive the alcohol abuser, then what hope is there?

Thus, one of my major goals in the growth group was to incarnate God's acceptance and forgiveness, to be a co-healer with God. Seldom, if ever, did I overtly use this kind of language. But the intention was a conscious part of each facet of the growth group's design and my performance in the group.

Psychological and Educational Theories Supporting the Growth Group

With all the competing psychological theories abounding today, any counselor faces a rather difficult selection process. As ministers, however, our selection process cannot be arbitrary or based on purely personal preference. Our own theological understandings of God, humanity, and ministry "set the agenda." For me, the Incarnation is the rosetta stone.

Since God is a knowable, active deity who is intimately involved in the costly business of reconciling his creation to himself, and since this God is most clearly known through the Incarnation, any psychological theory must at least allow space for a non-mechanistic understanding of the universe. Likewise, since humanity is understood as sharing in the divine (the *imago dei*) to the extent of being a co-creator of history with God, and since each person's story is shaped by and in turn shapes a certain community, any psychological theory employed must appreciate the communal nature of human development and existence, and the reality of human freedom, however limited it may be by biological and environmental factors, and by sin. Lastly, the psychological theory must not be so deterministic that there is no room for an "enabler" style of ministry, a style of ministry that seeks to incarnate the reconciling love of God.

There are two theorists whose work seems best to meet these requirements. They are Eric Berne and Carl Rogers. I realize this is a rather

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[1]Joel R. Schwartzman, "The Legitimacy of the Chaplain's Involvement with Drug and Alcohol Counseling," *Chaplaincy*. Vol. 2, No. 4 (4th Quarter 1979), pp. 32-33.

unconventional combination, and not totally satisfactory theologically or psychologically. However, I do feel that together they form a solid jumping off point.[2]

Berne is probably best known for his view of the structure of the personality: Child—Parent—Adult. Helpful as that is, it is not his major contribution. Of much more significance is his concept of structure hunger. Berne says that once a transaction between humans is initiated, the parties involved experience a need for predictable means of structuring the time and circumstance of the transaction. The title of one of his last books, *What Do You Say After You Say "Hello"?,* expresses the need rather succinctly. There are at least five possibilities. They are, in order of increasing complexity: rituals, pastimes, games, intimacy, and activity. Most of these are rather automatically chosen. That is, the selection of a particular structure is in large measure based on previous learning about which best relieves tension, avoids noxious situations, procures recognition ("stroking"), and maintains the established equilibrium.

The mechanism underlying much of the automatic selection of a time structure is a person's script. This is Berne's second major contribution. "A psychological script is a person's ongoing program for his life drama which dictates where he is going and how he is to get there. It is a drama he compulsively acts out, though his awareness of it may be vague."[4] Scripts exist on every level, from personal to international. For example, part of the national script for the United States is "frontier explorer." The old coonskin cap and buckskins have given way to the laboratory smock and scientific instruments, but the urge to explore and conquer the unknown is still very vital. As might be expected, the national script helps determine the cultural and familial and individual scripts within the nation, which, conversely, help shape the national script. The concept of scripts implies that humans have a strong need for predictability in their relationships, but it does not imply a static understanding of human existence. The very essence of the drama of life is the give and take of transaction.

Carl Roger's "client-centered therapy" is oriented somewhat differently. He is not interested in any special language or hypothesized "parts" of the self, though he does recognize that there is more to the self than is consciously experienced. For Rogers, the self is a very private world, the center of its own universe.

I suspect that most of us got enough of Rogers's theory in seminary that a discussion of it is not really necessary. We have heard often enough

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[2]For more complete background reading on these two theorists, I recommend their hallmark books: Carl Rogers, *Client-Centered Therapy* (Boston: Houston Mifflin Co., 1959); and Eric Berne, *Games People Play* (New York: Grove Press, 1964).

[3]Berne, p. 18–19.

[4]Muriel James and Dorothy Jongeward, *Born to Win* (Reading, Mass: Addison-Wesley Publishing Co., 1971), p. 127.

of his belief that all humans have an innate will toward wholeness, and that all we need to achieve that wholeness is someone to accept us and faithfully mirror our behavior back to us. We all know that it has formed the basis of much of what has been happening in the group dynamics movement since the 60s, and naturally so, since it lends itself so naturally to small group settings.

What is not so widely known is Rogers's theory has also influenced a number of educational theories, including the one underlying this growth group. This theory is called here the "behavioral outcomes approach" (BOA), after the work done by Muriel Gerhard. Anyone who has been through the Air Force's Academic Instructor School, or any of a number of other schools of education, will recognize it instantly.

The fundamental concept of BOA is that education is essentially about thinking. That is, the primary goal of education is to assist the individual students learn to process information for themselves. Two correlaries are rather obvious. First, individual differences exist among all of us, and these must be taken into account if education is to be maximally effective (i.e., in training in the process of thinking). The second is that rote memory has a very small role in education. Obviously, some facts must be remembered. But only rote skills in constant use are actually remembered over time. Therefore, BOA focuses on the pupil rather than the content. Experience shows that when the pupil is actively involved in the teaching—thinking—learning process, as in BOA, retention of knowledge is far greater than when the pupil passively attends to the presentation.[5]

Evaluation is easy with BOA. The success of training in thinking is judged through specified observable behaviors. (In theory, such outcomes may be observable or non-observable, but in practice the outcomes are best specified in observable terms.) This is true regardless of the domain of learning the instructor is interested in: the cognitive (thinking and intellectual skills), affective (emotion, attitudes, interests, etc.), or psychomotor (physical and neuromuscular skills). For example, a behavioral outcome from the affective domain might read: "Each student will describe the 'active listener' role in the role play in positive terms." The desired behavior—valuing Active Listening—cannot be directed observed, but *describing* such behavior in positive terms can be. Likewise, the cognitive behavior, "Know what is meant by the term 'character'," cannot be directly observed. Giving a verbal or written definition of the term can be.

These specified behavioral outcomes simultaneously serve two functions. They help the teacher in his/her diagnosis, that is, discovering where each learner is. And they help the learner evaluate his/her own progress. When they are given to the pupils at the beginning of each session, they serve as a constant and ready reference for participants who

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[5]Muriel Gerhard, *Effective Teaching Strategies with the Behavioral Outcomes Approach* (West Nyack, NY: Parker Publishing Co., 1971), p. 78.

wish to see what it is they are supposed to be able to do and whether in fact they can do it.

The parallels with Rogers's client-centered therapy should be obvious. Both assume an inner drive to growth and wholeness. Both see the leader's role as guide through a process rather than imparter of answers. Both focus on the client's (or pupil's) needs. And both actually encourage the expression of individual differences, not merely accept them.

As useful as I believe these theories are, I also believe they ought to raise a big red flag for clergy. Where is the spiritual in all this rationalism? For example, neither of the two theorists I mentioned allow a place for a concept of sin. And if there is no sin, it follows that there is no salvation—there is nothing from which one needs to be "saved." There are no absolutes, no values other than humanistic values, no images to transform the self and the world into what is not, but could be.

In other words, these secular theories have "healthy action" as a goal. Healthy action is simply the ability to act without conflict. This is commendable as far as it goes. For the minister, however, it does not go far enough. The minister, and the "community of moral discourse" (Gustafson) of which he/she is a part, strives for moral action. Moral action is "the intention to act responsibly so that the consequences of one's action contribute to the enrichment of values for oneself and the wider community."[6]

Spiritual Values in Rehabilitation

Howard Clinebell contends that any religious approach to alcoholism (and, I would add, alcohol abuse which is short of medically diagnosed alcoholism) must begin with the recognition that alcoholism is, at root, a religious problem. The alcohol abuser is seeking order and security in life through alcohol. It provides her/him the illusion of unity with one's fellows, the temporary quieting of anxiety, a brief quelling of inner conflict, and a deceptive momentary self-acceptance.[7] That these are all basically spiritual issues may help explain why spiritually-oriented treatment approaches (such as AA) have had such relatively good success, especially when they are contrasted with more rationalistically-oriented programs.

This is further reason for the unique involvement of a chaplain in rehabilitation. Not only does he/she have a style of being to share, but also some pretty important values. For example, Christians have always spoken of conversion and new life. Now, perhaps such language is too strong for a setting which only includes six sessions within forty-five days,

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[6]Don S. Browning, *The Moral Context of Pastoral Care* (Philadelphia: Westminster Press, 1976), p. 99.

[7]Howard J. Clinebell, Jr., *Understanding and Counseling the Alcoholic* (Revised Ed; Nashville: Abingdon Press, 1968), pp. 154-158.

but it does underscore the fact that a concern for and commitment to the possibility of change is entirely appropriate.

The challenge to the military chaplain, then, is to help the alcohol abuser meet his/her religious needs in ways that do not include the bottle, and to do so in a style that affirms the uniqueness of the individual in rehabilitation while remaining true to one's own convictions.

An Outline of the Growth Group

Each of the six sessions had clearly specified objectives and samples of behavior which were posted at the beginning of the session. This helped focus the attention of the group members on the topic at hand and, as I indicated while discussing BOA, served as a guide for ongoing evaluation. I insured that at least one behavioral criterion in each concentrated on the affective domain; this was to help me see if group members were really internalizing new attitudes or merely regurgitating what they thought I wanted to hear.

Session One was entitled "Ethics and Character." It was primarily a "getting to know you" session for me and for the group members. This was important, because they had not met each other yet, nor had they seen me. I set a tone of openness by introducing myself to them first, and then asked them to introduce themselves to the rest of the group. I also kept the mood of the group rather light and playful; I knew from talking with the Social actions staff that the Encounter Group the following day would be heavy enough.

My objectives for Session One were fairly modest—for each individual to know: what is meant by "character"; a need or needs in his/her own life which could be met by the group sometime during the next six weeks; and the first names of all members of the group. I used a variety of games and guided fantasies to achieve these objectives.

Session Two was entitled "Character and Individual Responsibility." My objective this time was for each person to comprehend that accepting personal responsibility for one's actions enhances feelings of self worth. I wanted them to draw upon their own experiences to see the positive and negative sides of this concept, that is, the positive feelings they felt when they accepted personal responsibility in the past, and the negative feelings they felt when they ducked that responsibility. There was always a mixture of laughter and seriousness as feeling memories were shared.

Session Three was "Character and Work Relationships." I used a variety of hypothetical situations from their duty sections to help them comprehend that utilizing appropriate listening skills produces effective work relationships. Not only were they able to generalize from the given examples to real life situations in their own work places, but they were also able to generalize to other areas of life (a higher level of learning than I was aiming for). One interesting sidelight consistently came out of this session. When I introduced the concepts of "stranger" (a person to whom you are not close but to whom you owe hospitality nevertheless) and "barbarian"

(one to whom you owe nothing; fit only to be killed in the ancient world, and harassed or ignored in the modern), the younger airmen almost universally felt a "citizen—barbarian" relationship with their supervisors. Since this was so prevalent, I feel it is an area that could very profitably be explored further to increase the understanding on both sides of that relationship.

I moved closer to home, literally and figuratively, with "Character and Family Relationships." Single members recalled events from their parental home, while married members added events from their current family. Since my overall goal was to improve all intimate relationships, I used the family to teach the concept that a "win—win" style of conflict resolution strengthens intimate relationships. Almost all of the group members had a great deal of difficulty with this concept; almost without exception their first several attempts at constructive "I-messages" were really not-so-veiled attacks. I had to use a lot of role play and give a tremendous amount of personal feedback as to how I would feel if such statements were made to me to begin to get my point across. My unscientific opinion is that there must be some relationship between this inner reservoir of hostility and their drinking problems, but what that relationship is will need further investigation.

Session Five centered on personal issues. "Character and Alcohol Abuse" had as its objective for each person to comprehend that alcohol abuse often substitutes for religious needs. Since they had all been attending AA meetings for some weeks now, they were comfortable when I defined "religious needs" as meaning value needs which provide a "why" to life and which stem from a Higher Power. I specifically said that I perceive the Higher Power in theistic terms, but they need not do so.

Two interesting observations grew out of this session. First, from the reports of all those involved in my growth groups, Clinebell was right in asserting that alcohol abuse frequently substitutes for religious needs. The group members themselves readily came to that conclusion at the end of the session. Second, many of those in alcohol rehabilitation had strong childhood backgrounds in the Church, but dropped out of Church soon after leaving the parental home. Why they dropped out and what the Church could have done to prevent that (if anything) seems to be another very fruitful area of inquiry.

The final session, "Now to Date of Separation" (DOS), was designed for each person to apply the concepts learned to practical situations in the client's own present and future. Despite the frequent protests during earlier sessions that one really can't plan for the future, most group members were able to draw up a concrete plan of action for their lives for the next several months or years (the end point being their next DOS).

Evaluation of the Growth Group

As one of four components of a total rehabilitation effort, I feel the growth group was a tremendous success. To objectively test that feeling, I used a

pre/posttest method by giving one group the Edwards Personal Preference Schedule (EPPS) before Session One and after Session Six. In that group there was a statistically significant (at .05) change in two of the fifteen personality variables: Exhibition and Autonomy. The statistically significant drop in Exhibition scores compliments the rise in Autonomy scores to indicate that, as rehabilitation progressed, group members had less need to do something to see what effect it would have on others, and more ability to direct their own lives. In short, the growth group really does educate for responsibility.

I believe the placement of the growth group was an important aid to its effectiveness. Each week it followed the education group and preceded the encounter group. This gave each client a chance to slide from the purely cognitive to the reflective to the confrontive. That made things a little easier for the Social Actions staff during their confrontive Encounter Groups, which, in turn, created an openness and honesty which boosted the following week's Growth Group.

I believe this growth group offers a viable model for a chaplain's involvement in the drug/alcohol rehabilitation efforts at military installations around the world. It requires minimal expenditures of resources and equipment. Although I have spoken only of the Air Force, my branch of service, it can really be adapted to any situation. It is interdisciplinary, involving a close working relationship with Social Actions. But it also provides a unique perspective no other person can bring, for the person of the chaplain is one of his/her most vital resources. I do not believe a Social Actions counselor, no matter how competent, could be as effective. For the cross or tablets on the chest, symbolizing the incarnate presence of God, is an irreplacable asset.

Counseling the Alcoholic Family

Chaplain (LTC) Charles A. Tyson

Why Include The Family In Therapy?

Alcoholism is a family disease. It touches the life of everyone in the family. The family members are hurting and as much in need of help as the alcoholic. Vernon Johnson reminds us that the dry alcoholic is as sick as the drunk alcoholic except that the bodily damage is not there. Actually, bodily damage might also be present, considering that the majority of child abuse and spouse abuse cases happen under the influence of alcohol.

There is no doubt about it—the family needs help. In a study published in 1976 there was a comparison of problems in children from alcoholic families to a control group of children from disadvantaged but not alcoholic families. Three times as many children of alcoholics had to be placed in foster homes (31% to 11%); twice as many married under the age of 16 (6% to 3%); juvenile deliquency was much higher (50% to 30%); twice as many were mentally ill (21% to 11%); and suicides were attempted by some of the alcoholic children but not by those of the disadvantaged (7% to 0%).[1]

Another reason to include the family is that they can often be helpful in confirming or correcting the history and information from the patient. There will be times when the family is still in denial and cover up of alcoholism, but if they are past that stage they can be a powerful influence in confronting the denial of the alcoholic.

Including the family can also help consolidate gains made by the alcoholic and minimizes the risk of relapse. Many times you will have the

[1]Cynthia Parson, "Alcoholic Parents" Children Show Greater Damage, *Christian Science Monitor*, June 14, 1976.

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family working against you because they somehow need the alcoholic to remain drunk. Including them helps make them your ally and not your enemy.

You need to include the family because of the paradox that the alcoholic, as he loses power over his own life and behavior, wields more and more power over those of the people closest to him. He controls what they say, what they do, what they think, and even what they feel. We must deal with this power over the family.

Another reason to include the family is to identify and to bring to a halt the enabling process of family members. Even with family members who are reasonably healthy there is usually on an unconscious level some enabling that perpetuates the drinking and makes successful treatment more difficult.

In the case of adolescent problem drinkers it is very clear that the only adequate treatment program includes the family. Among factors that contribute to adolescent problem drinking, the most frequent is the influence of one or both parents who have a drinking problem or are alcoholics. Adolescent problem drinkers are characterized by "emotional deprivation" in their early life and defective parent–child relationships. These issues must be dealt with in the context of the family.[2]

Two Conceptualizations of Alcoholism

It is necessary to appreciate both the *family system* view of alcoholism and the *disease* concept of alcoholism. While they may clash at the theoretical level, at the clinical level both conceptualizations are useful if applied with appropriate timing.

The disease concept refers to the subjective phenomenon of "need" for the euphoria-sedative properties of ethyl alcohol and the subsequent inability to regulate ethanol intake. As a result, the clinical picture of physiological and/or psychological dependency is observed.[3] This view sees the disease as progressive and fatal.

The family system view is a quantum leap from viewing people as individuals rather than persons in relationship with one another. The family is viewed as the client instead of the "identified patient." Everyone is involved in mutually maintaining a family illness and simultaneously being effected by it.

The family system view postulates that the alcoholic drinking serves to produce homeostasis in the family and serves to establish patterns of interaction which are complementary and circular. The family system resists change in the status quo.[4]

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[2]Pitsa-Calliope Hartocollis, "Personality Characteristics in Adolesecent Problem Drinkers", *Journal of the American Academy of Child Psychiatry*, 21, 4:348-353, 1982.

[3]National Council on Alcoholism, 1982.

[4]Edgar P. Nace, Marilyn Deploure, Martin Goldberg, Charles C. Cammarota *Journal of Marital and Family Therapy*, January 1982, p. 144.

In light of using these two concepts, David Bereson suggests a two phase therapeutic approach. The first is the management of the on going, serious drinking problem, setting up a context in which the alcoholic will stop drinking. The disease approach is most helpful in this phase. It will do much to relieve their guilt over lack of control of their drinking. It will also serve to correct ideas the family members have about what they did that caused him to drink. The second phase is to deal with the other family problems that may have either contributed to the drinking or may have developed as a result of the drinking. DO NOT CONFUSE THESE TWO PHASES! Do not deal with them simultaneously! To deal with the underlying family problems while the drinking is going on is almost always fruitless and futile.[5]

A couple recently came to me for marital therapy. There had been many fights, mostly verbal, and a recent six week separation. In the gathering of the family history, it became evident to me that nearly all of these past events had been alcohol related. He would stop at the club after a fight or a work out at the gym, intending to have one or two drinks. However, he was never able to stop at that, thus exhibiting the loss of control which is a key to diagnosing alcoholism. He had recently missed a day of work with a hangover. He and his wife had also been to two previous counselors for their marital problems in the recent months, which raised red flags in my mind. I wondered if I was also being set up to fail with this couple. In our second session, I told the couple my opinion concerning the reason for the failure of the previous counseling. Neither counselor had picked up on the drinking. I really can't fault the counselors, because two years ago I probably would not have seen it either. I told them that ignoring the drinking would insure the continued failure of our counseling sessions. You, too will fail if you attempt to do marital/family therapy without first addressing the alcohol issue with the alcoholic family. The first goal of counseling alcoholics must be termination of the alcoholic's drinking. Then you can begin to explore how the drinking affects the family and, in turn, how the family may contribute to the drinking.

Challenge To Professional Courage

Sharon Wegscheider, in her book *Another Change: Hope* and *Health for the Alcoholic Family*, talks about the tremendous challenge to professional courage when a counselor suspects alcoholism. There may be no conclusive evidence to confirm the therapist's suspicions, and one cannot count on the alcoholic family to "fess up" to the alcoholism.

Nevertheless professional responsibility demands that something be done. The therapist must confront the client in an atmosphere of nonjudgmental acceptance, caring, and concern. He must present what-

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[5]David Bereson, "Family Approach to Alcoholism". *Psychiatric Opinion*, 13, 1976, p. 33-38.

ever evidence he has as frankly, clearly, and compassionately as he can, emphasing the seriousness of the situation. He must explain why he feels the problem may be related to alcoholism, educating the family as he goes. The professional may find intervention a rather unpleasant business but he must care enough about the family to risk antagonizing them.[6]

Who Is Present In The Therapy Sessions?

Ideally all family members should be included in the therapy. On the practical level most of us operate similar to David Berenson, Director of Research at The Center For Family Learning. We work with the most motivated member or members of the family. This is usually the spouse, but sometimes it will include both. Dr. Berenson sees it preferable, but not crucial, to include the alcoholic in the family session. The theoretical reason for this is the belief that if one family member can change his/her functioning and maintain the change, others will necessarily have to change.[7]

Homeostasis

The key to the last statement is "and maintain the change". Homeostasis refers to that force within the family to resist change, even good and needed change, and return things to the status quo. Any effort by one person to alter his typical role behavior threatens the family equilibrium and provokes renewed efforts by the spouse to maintain the status quo.

It is the homeostasis force that appears to account for the alcoholic who completes what appears to be a successful treatment program and then returns to his family only to resume drinking. The family has developed a sense of equilibrium with his drinking as a central role. With his returning as a more stable, assertive, and functioning member, the family's homeostasis has been upset. Mother is required to not be as over–responsible; the adolescent son is no longer able to have his close and favored relationship with his mother. The family has calibrated itself in such a way that equilibrium is maintained with the father as a drunkard. They need him drunk.[8]

By having all family members in therapy the therapist at least has the chance of intervening directly in this natural resistance to change. There is the expression that "we all need a little help from our friends". While I do not advocate giving someone else the responsibility for my change it certainly makes it a lot easier to change and maintain that change if I have my spouse's cooperation.

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[6]Sharon Wegscheider. *Another Chance: Hope and Health for the Alcoholic Family*. Science and Behavior Books. 1966.

[7]Berenson, *Psychiatric Opinion*, p. 34.

[8]Charles Barnard, *Families, Alcoholism and Therapy*. Charles C. Thomas, Publishers. Springfield. 1981. p. 19.

Boundaries

One of the dynamics observed in the alcoholic family is the boundaries that exist between the subsystems of the family, i.e., husband/wife, parent/child, and sibling subsystems. The concept of boundaries is the issue of social space, how much togetherness and how much separateness exist or can be tolerated. Minuchin has developed this concept in his book, *Families and Family Therapy*.

Boundaries reside between every subsystem in the family. Minuchin identified three types of boundaries. *Clear boundaries* provide for the most functional relationships. They provide room for separateness, but yet have the capacity for closeness as well. Communication is open and direct.

Enmeshed boundaries provide an abundance of belongingness, but are deficient in providing a sense of separateness. Difference or separateness is not allowed. To be different is to be regarded as being disloyal. Individual boundaries are blurred and the relationship absorbs the individuals that constitute it into an amorphous, blob-like conglomeration.

Disengaged boundaries provide a sense of separateness but fail to inform members how and to what they belong. These boundaries are overly rigid and communication between subsystems is difficult.

There are two relatively simple ways to observe and analyze the dynamics of boundaries in the family. The first is simply to observe where family members sit in relationship to each other when they come to the office. Do mom and dad sit together or are some of the children in between them? Do family members speak for each other?

Simple interventions can be made by moving the children to sit together and having mom and dad sit together. It is fairly typical in alcoholic families for mom and the children to have an alliance against dad. One of the children may have even taken dad's role as the husband. Jay Haley reminds us that when generational boundaries are consistently violated, and members of one generation supply what should be provided by another generation, pathology can be expected.

The Family Bond Inventory (FBI) allows family members to portray their individual perceptions of the relationships in the family with regards to boundaries and alliances. Each person is given a pencil and a 8½ x 11 inch typing paper and given the following directions: "I would like to have each of you imagine that your family is in this room represented by the paper. You are to move about this room until each individual comes to a place they are comfortable. Use a circle to represent each person and place their initial in the circle. It is important that you remember that this is a room without any furniture and that none of you have been in this room before. Are there any questions before you begin?"

After each person has completed the Family Bond Inventory they present their view of the family to the other family members with their explanation regarding the placement of each person. This way it is the family members and not the therapist doing the interpreting. After each person has presented their representation the therapist might want to ask

such questions as: "Whose drawing surprised you the most?" "Whose surprised you the least?" "Would you like to make another drawing as to how you would like the family to be?"

Circle size on the Family Bond Inventory seems to reflect the power the individual perceives each member as possessing. When the FBI was standardized, it was determined that on 8½ x 11 inch paper the average circle size was ½ inch. The larger the circle, the greater the perceived power possessed. Distances of less than 1 inch between circle represents enmeshed relationships and probably an alliance. Where there are 3½ inches or greater between the circles, it can be assumed that the relationship is disengaged, with little contact and probably a schism. Distance between circle of 1½ to 3 inches represented a relationship best characterized as having clear boundaries.[9]

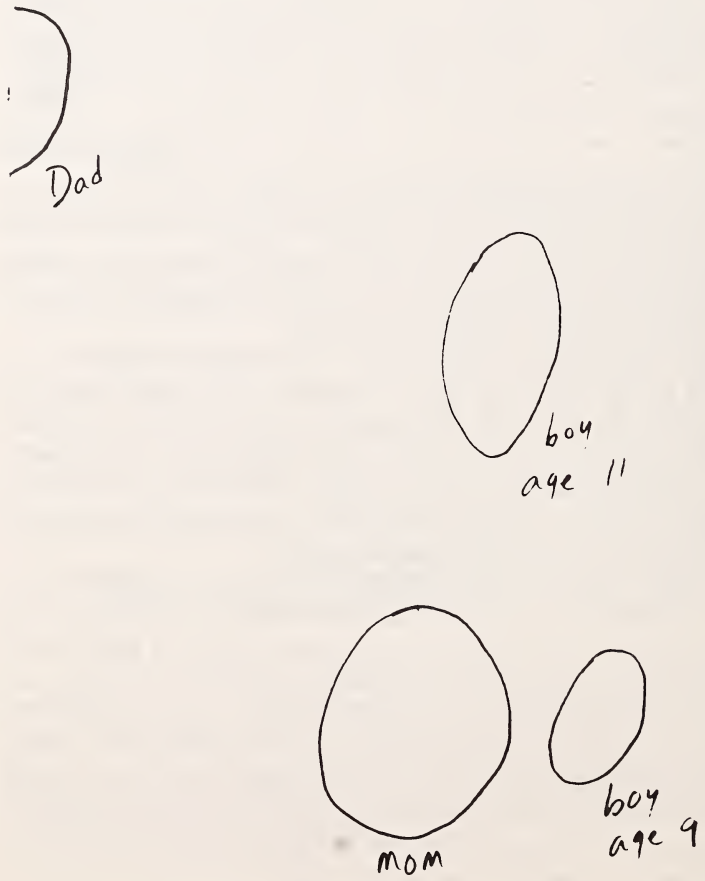

Figure 1: Wife's FBI Drawing

[9]D. Fullmer. "Family Group Consultation". *Elementary School Guidance and Counseling*, 7 (2): 130–136, 1972.

Figures 1, 2, & 3 are Family Bond Inventories that were recently drawn by people in treatment at The Alcoholism Treatment Facility. They are fairly representative of alcoholic families. *Figure 1* is a wife's drawing that reflects an alliance between her and the youngest child. The husband is represented only by a half circle on the edge of the paper. The husband, due to his drinking, was very much under involved with the family and on the periphery of the family. *Figure 2* is the husbands drawing of the same family. He sees his wife as powerful and sees an alliance between the children. He did not even place nimself in the family on the first drawing. This helped identify for them an important issue: how to let Dad back into the family. *Figure 3* is a wife's drawing that shows her close to their youngest child (age 4); the 12 and 19 year old are close to each other and the 11 year old is somewhat alone. The husband is portrayed as being very powerful even though she described him as asleep on the couch. This reflects the tremendous power that the alcoholic wields even as he is losing power over his own life.

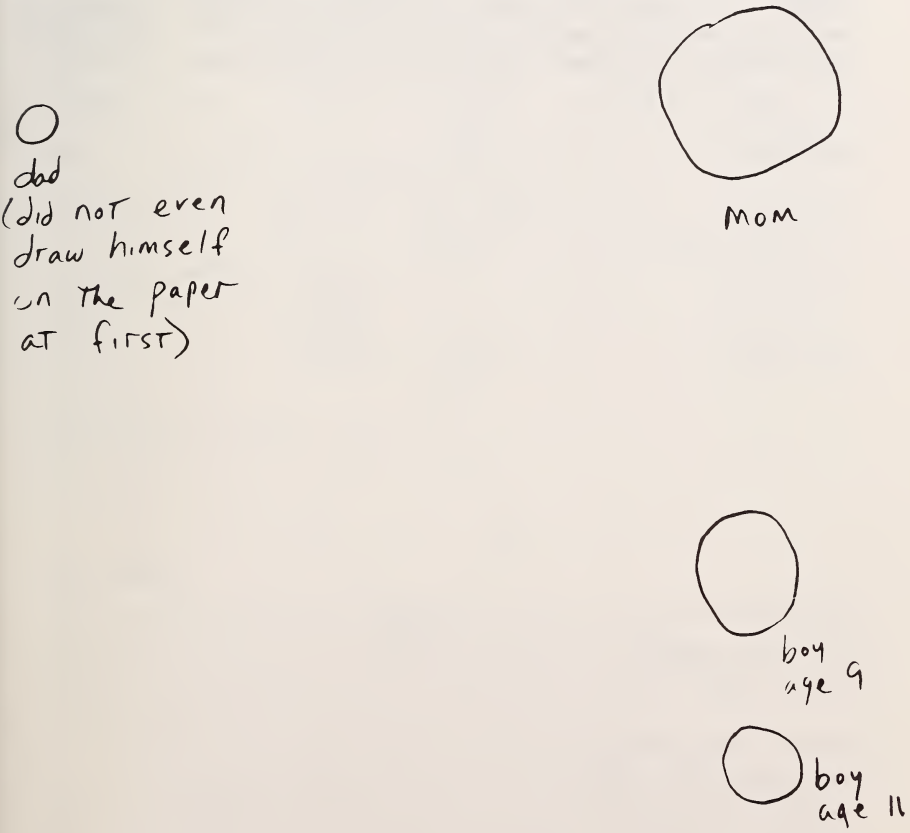

Figure 2: Husband's FBI Drawing

Roles In The Alcoholic Family

Our work with alcoholic families must be both educational and therapeutic. Sharon Wegscheider, in her book *Another Chance*, identifies the roles people play in the alcoholic family. This is information that can be taught to families to help them in their self–understanding and change process. In adopting roles the family is preserving the homeostata balance in the family. Instead of expressing their true feelings they hid them and take a supporting role in the alcoholic drama.

There are *five basic roles* played in the alcoholic family. These roles are not only unique to the alcoholic family but can be observed in any dysfunctional family. The five roles are the Enabler, the Hero, the Scapegoat, the Lost Child, and the Mascot. In a small family there may be more than one role per person and in a large family, there may be more than one person for each role.

Keep in mind that this is just a model to help look at the family. There is nothing magical about it, but it can be useful. The destructiveness of these roles for the person playing them lies in the fact of role playing itself. The role player cannot be honest with himself or others. The longer a person plays a role the more rigidly fixed in it he becomes.

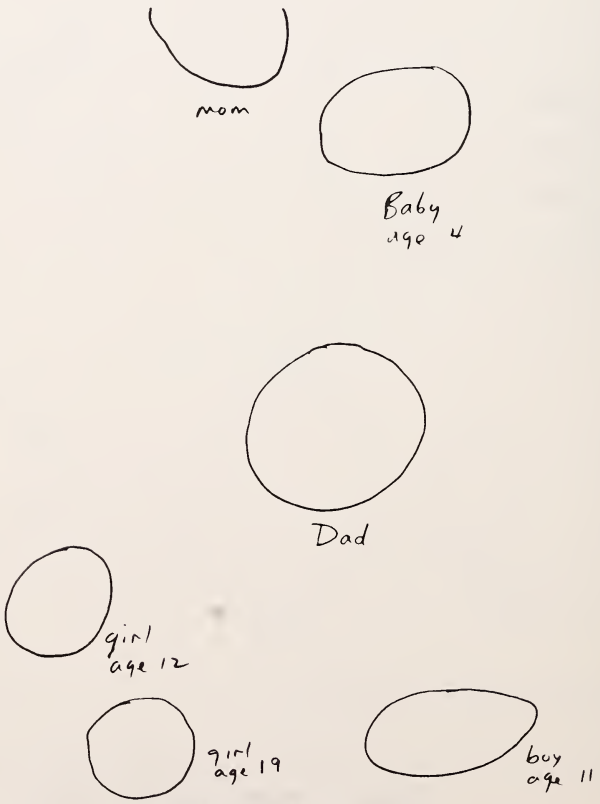

Figure 3: Wife's FBI Drawing

Which role is played by which person is more related to his position of birth in the family than to personality factors. The usual sequence of roles is with the spouse (either husband or wife) playing the Enabler; the oldest child plays the Hero; the second child plays the Scapegoat; the youngest child plays the Lost Child, the Mascot, or both. The Lost Child is the role most likely to turn up randomly in the age progression. The most common role-trading is between the Hero and the Scapegoat.

Figure 4, System Dynamics of the Alcoholic Family, shows that each role grows out of its own pain, has its own symptoms, offers its own pay off, for both the individual and the family and has a price tag attached to it.

System Dynamics of the Alcoholic Family

Role	Motivating Feeling	Identifying Symptoms	Payoff For individual	Payoff For family	Possible price
DEPENDENT	Shame	Chemical use	Relief of pain	None	Addiction
ENABLER	Anger	Powerlessness	Important; self-righteousness	Responsibility	Illness; "martyrdom"
HERO	Inadequacy guilt	Overachievement	Attention (positive)	Self-worth	Compulsive drive
SCAPEGOAT	Hurt	Delinquency	Attention (negative)	Focus away from Dependent	Self-destruction; addiction
LOST CHILD	Loneliness	Solitariness shyness	Escape	Relief	Social Isolation
MASCOT	Fear	Clowning; hyperactivity	Attention (amused)	Fun	Immaturity; emotional illness

Figure 4

From *Another Chance*, Wegscheider, p. 86

The Enabler

Al-anon refers to this person as the co-alcoholic. This is the person who is emotionally the closest or most dependent upon the alcoholic. They step in to protect the Dependent from the consequence of their drinking. They will also pinch-hit, hide his mistakes, and alibi for him.

An example of an Enabler is the wife of a Baptist pastor who went to work to support the family when the husband began getting drunk more and more frequently. The effect of this was to deflect the hand of fate as the wife took over the husband's responsibilities. This process is called enabling. It prevents the crisis that is needed to bring the alcoholic to treatment, and it prolongs the disease of the family.

The Scapegoat

The second child in the family usually ends up with this role. He is starved for attention from his parents—anything to tell him they know he exists—so he unconsciously puts on the black hat. He is attracted to other youth who are also acting out their frustrations.

The Scapegoat is usually the first person to suffer serious effects in the alcoholic family. He is certainly the first to become visible. He is not a very appealing client. He carries with him a heavy burden of low self-worth that has caused him anguish at every level of his being.

The intervention must include the entire family. The pay off for his delinquency is that it gives him attention (negative is better than none at all). The payoff for the family is that it takes the focus away from the Dependent. As along as we try to help this person without treating the rest of the family, they will not allow him to get well. He is serving a needed function for the family.

What does the Scapegoat need from the therapist? He needs total honesty and caring. Learning about the characteristic problems of alcoholism in a family can do a lot to relieve the Scapegoat's guilt—the disease is culprit, not him. He will need strong, continuing emotional support.

Adolescent alcoholics may well be the Scapegoat of their family. A teenage boy was sent recently to the AFT for treatment. He was there for four weeks and his parents arrived for the final two and a half weeks of treatment. The day they arrived the young man was dismissed from the facility for failure to progress in the program. The parents were very angry about this but decided to stay for treatment themselves. It was evident that mom and dad were not close. The son had invaded the generational lines of the husband/wife subsystem. The therapist, in couples group therapy, interpreted his understanding of what had happened in this way: "It is very evident to me that your son loves both of you. He has even loved you enough to become an alcoholic. He knows that he has taken over dad's responsibility by becoming mom's confidant. The message he has given you in leaving this facility is: OK, Mom and Dad, I got you together—now you get your act together." The Scapegoat had been taking the focus off of mom and dad's marital relationship. Now he was stopping the game. Mom and Dad were able to receive this interpretation and they began to work and make some progress in their relationship.

The Lost Child

This is usually the third child in the family. This child feels very much like an outsider and simply chooses to retire to the wings of the alcoholic drama. This child has arrived in the middle of the drama and no one has volunteered to explain to him what has happened thus far. One of the rules of an alcoholic family is that no one ask questions and you certainly don't have frank, open discussions. This child adapts by "getting lost". He becomes a loner and just stays out of the way.

Everyone welcomes his choice because they don't have to expend any energy on him. Because his is so often out of sight, he and his needs are also out of mind. The message the Lost Child receives is that he is not important and does not have much personal worth.

If the Lost Child is not identified and given professional help he will become a Lost Adult. He does not know intimacy and has few friends. To compensate for his loneliness and low self-worth, he puts a high value on possessions and pleasure. He may overeat to fill his emptiness and he often abuses alcohol or drugs—usually going on occasional binges.

What does the Lost Child need from the therapist? You want to build on the positive characteristics of his role, his independence and self-reliance. The relationship with the therapist can show the Lost Child the rewards of relating that he has been missing and help him begin to develop the skills he lacks. Peer group therapy and Al-a-teen can be of help. He needs to learn that he does not have to give up the "alone time" he has come to value but now he can have a wider choice. He can also build close relationships and at last find some relief from the intense loneliness he has always known.

The Mascot

This is usually a latecomer, most often the youngest child. His plight is even worse than the Lost Child. Not only have people failed to tell him what is going on in the family, they consciously withhold information and may even tell him things that are misleading or untrue.

Imagine, if you will, how confusing it must be for this child. All his senses are telling that something is wrong, dangerously wrong, yet everyone he trusts is teling him that things are just fine. Is he going crazy?

Many Mascots learn while only toddlers that showing off can bring rewards. They have only to start their antics and everyone laughs. They can release pent-up energy and get some positive attention as their pay off. So the Mascot resorts to clowning every time life presents him with a difficult situation. He becomes the class cut-up and, as he gets older, the life of the party. The price he may pay is that he remain forever a child. He will never learn to cope with stress.

What does the Mascot need from the therapist? The first task will be to allay the child's fear that he is going crazy. As he learns that the craziness is in the family system and not in himself, he can find both relief from his tension, without drugs or alcohol, and motivation to grow out of his present limiting role.

Conclusion

When counseling the alcoholic who has a family, it is crucial to include all family members in the therapy. Everyone has been affected by the disease and stand in need of healing. The recidivism rate of return to drinking will be greatly reduced when all family members are treated and freed from the roles which they assumed in the alcoholic family.

Bereavement/Loss and Alcoholism in the Veteran

Chaplain (MAJ) Stanley D. Jurgenson

As a chaplain in the USAR and VA, I have been exposed to two significant factors in the lives of veterans for years—alcohol and grief. More veterans seemed to have alcohol problems; more veterans seemed to have bereavement/loss (grief) problems. It was only recently however, that alcoholism and grief have been linked together in significant research with veterans. What is expressed here is a compilation of research done by many individuals. The information has been gleaned and applied to veterans, both combat and noncombat, but grief also becomes alcoholism in nonveterans.

Grief

Dr. Erich Lindemann, a psychiatrist, began studying grieving patients in a surgery unit back in the 1940's; he is well known for studying the burn victims of the Coconut Grove fire. His research has been compiled and published in a book called "Beyond Grief"[1] by his wife Elizabeth. Lindemann found that:

- Grieving has a time element involved. Psychiatric problems are present, but these problems can be worked out through grief work.[2]
- Acute grief is a definite syndrome with psychological and somatic symtomatology. The most outstanding features include a marked tendency to sighing respiration, lack of strength, exhaustion and digestive symptoms. Included also are preoccupation with image, sense of unreality

[1]Elizabeth Lindemann, *Beyond Grief*, New York: Jason Aronson, Inc., 1979.
[2]*Ibid*, pp. 173–174.

Chaplain Jurgenson is a U. S. Army Reserve Chaplain with the 452nd General Hospital in Milwaukee and a Protestant Chaplain with the Veterans Administration at Wood, Wisconsin. Both his masters thesis (1971) and his doctoral dissertation (1981) dealt with the grief process. The former dealt with death, bereavement and illness, and the latter dealt with grief becoming alcoholism in combat veterans. The doctoral dissertation is on file with the USACHCS library at Fort Monmouth.

and approaching insanity, guilt, failure, accusations of negligence or exaggerations or minor omissions, lack of warmth in human relationships, irritability and anger, outright hostility, changes of patterns of conduct, and wooden response to social interaction.[3]

- The syndrome may appear immediately after a crisis, or it may be delayed: it may be exaggerated or apparently absent. This suggests that other forms of grief are present.[4]
- These distorted pictures can be successfully transformed into a normal grief reaction with appropriate resolution, or they may become morbid grief.[5] Avoiding the pain through avoidance techniques only makes it worse.
- Grief must be negotiated or given grief work. It does not go away on its own.[6]
- Grief is a sociological as well as a psychological/spiritual hurt. A cold emotional and social environment will hinder grief work and healing.[7]
- Three diseases Ulcerative Colitis, Rheumatoid Arthritis, and Asthma, are known to occur because of grief and have been documented in various journals by researchers, all contemporaries of Lindemann.[8]
- Grief consists of two parts in its overall process: *A State of Perplexity* which includes agitation, hostility, and depression; and *Grief Work* which includes the acceptance of the painful emotions, an active review of a variety of experiences and events shared with the lost person or meaningful environment, and a gradual rehearsal and testing of new patterns of interaction and role relationships to replace the old.[9]
- Grief can be given various forms of grief resolution. *Normal grief* accomplishes grief work in a minimum amount of time, and the substitutions are negotiated. *Delayed grief* deals with bereavements/losses after some period of time, but the grief work is satisfactorily completed in a normal resolution. *Morbid grief* is that grief which cannot be given normal grief work and which, when negotiated, is not resolved normally; disease is the result. *Anticipatory grief* is an anticipation of a loss which may or may not be realized; a grief which may be held for years and then realized and given grief work, or resolved without the actual bereavement/loss realized. Each has its own symptomatology and resolution.

Lindemann defined grief as the "sudden cessation of social interaction"[10] and he tied bereavement to all losses of interaction, not only death. These could include surgeries (disfigurement), amputations, divorces, abandonment, retirement, death, graduation, induction to or discharge

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[3] *Ibid.*, p. 60.
[4] *Ibid.*, p. 60.
[5] *Ibid.*, p. 60.
[6] *Ibid.*, p. 28.
[7] *Ibid.*, p. 206.
[8] *Ibid.*, p. 21.
[9] *Ibid.*, p. 173–174.
[10] *Ibid.*, p. 60.

from military service, geographical moves and others. Grief includes all losses of meaning, fulfillment, or pleasurable interactions with the environment, whether that comes through person, job, family, one's own body or others. For the author "bereavement/loss" describes the situation of pain and "grief work" describes the process of healing. The term "bereavement/loss" may be substituted for the general term "grief."

Though Lindemann did not specifically mention another important fact, he built his therapy, called Replacement Therapy, on it. Lindemann proved that bereavement/loss can either be internalized or externalized in grief. His normal grief process is built on externalizing bereavement/loss and his morbid grief process is built on internalizing it.[11]

When bereavement/loss is internalized, the values, meaning or fulfillment (the goodness that was "lost"), a job, a marriage, a limb are not renegotiated with the outside world in grief work, but rather are denied and maintained as if nothing had happened; the individual does not admit that something has happened and that change is necessary. This prevents change, growth, and the facing of reality. It sets up a denial system which builds layers upon layers of denial. It also prevents an individual from "owning" values, meaning, fulfillment, life. This leads to various forms of disease.

When externalizing bereavement/loss, the values, meaning, and fulfillment from previous interactions are displaced on new people, jobs, and situations. The circumstances that the individual wishes were still available are "replaced," and new substitutions are found that can be incorporated with a minimum amount of change.

The process by which an individual externalizes or internalizes bereavement/loss is the same, and it is widely mentioned in psychiatric literature. Though Lindemann mentions three stages, four stages more clearly document the change. They are: Identification, Incorporation, Assimilation, and Substitution. *Identification* is the earliest expression of an emotional tie with another person. The person may want to *be* like the father, mother, or may choose that person or thing as an object he would like to *have* or possess. An example is a boy who identifies with his father as someone after whom he would like to pattern his life, or *be*. Or consider a boy who identifies with his friends' house as something he would like to *have* or to possess. In the structure of a neurotic symptom with rather complicated connections, identification has appeared instead of an object-choice and that object-choice has regressed to identification.[12]

Incorporation is the process whereby an individual cannot separate from the love-object, but incorporates or makes it a part of self. Incorporation keeps the individual from growing and becoming himself. It thereby stops all normal grief work in which new love objects in the external world

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[11] *Ibid.*, p. 60.

[12] Sigmund Freud, *Studies on Hysteria 18,* From the Standard Edition of the complete Psychological Works of Sigmund Freud, (London: The Hogarth Press, 1955), p. 107.

take the place of the bereavement/loss, meaning, fulfillment, or pleasure. Incorporation can also be found in social groups where anger over bereavement/loss may be turned inward on the remaining members of a family with destructive results.

The third stage in this process is *Assimilation*. These stages may be illustrated by the ingestion of food. Identification decides what kind of food is desired; incorporation is the eating of the food; assimilation is the breakdown and consumption of the food by body cells. In assimilation, the love-object or desired character trait becomes so much a part of the person that he takes on many of its characteristics. Certain habits, characteristics, and mannerisms become so much a part of an individual that they organize function and behavior in much the same way as those of the person identified.

The fourth stage in this process is *Substitution*, which is the replacement (Replacement Therapy) of one love object for another, whether that love object be a person or a thing. In the case of one Vietnam Era veteran who did not return from war, his wife substituted his motorcycle for him as the only object of value that reminded her of him. Replacement can involve a thing (motorcycle, alcohol, drugs) rather than a person. This is a form of morbid behavior.

The Process in Veterans

This process can be seen in veterans who have become alcoholic. The process requires only that an individual have a "relationship" with alcohol which may or may not have developed prior to or during military duty. "Relationship" means simply that an individual consumes alcohol, is aware of its effects, and calls on it to provide those effects.

Alcoholism has been defined simply as "the progressive loss of ability to drink according to intention."[13] Though there have been many definitions of alcoholism and many styles of drinking, Vernon E. Johnson says that "the disease itself swallows up all differences and creates a universal alcoholic profile."[14] Johnson describes three phases of alcoholism. First, he indicates that the normal person experiences a wide variety of feelings, ranging from pain to euphoria. All people have mood swings that sooner or later encompass the whole range of feelings. It is not true that only certain conditions or mood swings precede active alcoholism; anyone can become alcoholic.[15] Before individuals contract alcoholism, their emotional background is individualistic; afterward their emotional distress is universal.

In the first phase, the drinker discovers and learns about the mood

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[13]J. F. Phillips and Barbara A. Hoffman, *Alcoholism*, (Anchorage: Phillips and Associates, 1977), p. 1.

[14]Vernon E. Johnson, *I'll Quit Tomorrow*, (San Francisco: Harper Row Publishers, 1980), p. 5.

[15]*Ibid.*, p. 10.

swing precipitated by alcohol, and actually seeks it because it is pleasant and not harmful. The drink may or may not taste good, but the drinker likes the new feeling and the taste soon becomes familiar. After the drinking is over, he returns to normal, with no physical damage and no emotional cost.

In phase two, the new social drinker enjoys a cocktail hour or a drink before dinner. He may or may not get drunk, for he drinks according to intention. He contracts for the mood swings, possibly even drunkenness, and manages them safely. As he becomes alcoholic, the terms of the experience undergo a change. As he gets deeper into the chemical, getting drunk begins to have a very different effect. He is caught in an undertow which leads beyond social drinking. He thinks everything is going fine, but crosses an invisible line into alcoholism.[16] The progress of the disease is measured by the degree of emotional cost the individual experiences. The emotional costs signal the onset of future and long-term trouble of which the individual is totally unaware.

In phase three, the disease is recognized openly. Phase three is summed up in three maladaptations. They are: (1) the growing anticipation of the welcomed effect; (2) an increasing rigidity regarding the expected time of use and (3) a progressive ingenuity in obtaining larger and larger amounts of alcohol. The more the alcoholic fails to "process" his life as it happens to him, the more he fails and destroys himself. This includes processing bereavement/loss experiences.

The soldier frequently experiences bereavement/loss which may develop into alcoholism. When a person first joins the Army, they trade their familiar environment for a very different one. They lose community support, family intimacy/closeness, their daily routine and sometimes a change in climate. At the Reception Station, they experience further losses. These include a loss of civilian clothing, loss of individualism (haircut, when to go to bed and rise, take orders), loss of traditional diet, and loss of privacy. While in military service the soldier will exchange friends and associates several times, with the possibility of bereavement/loss experiences on each occasion. These new environments include the Reception Station, Basic Training, Advanced Training, a holding pattern for overseas, permanent party status, and possibly combat.

Combat offers a series of losses, particularly where individuals are given basic training with one group, advanced training with another, and then serve in combat with another. Battlefield conditions seldom allow an individual to be integrated into a unit, psychologically, socially or spiritually before combat is encountered. The Army has recognized the difficulties with this, and is experimenting with the regimental system as a device for establishing continuity of human relationships for its soldiers. However, in an organization the size of the U.S. Army, it is impossible fully to eliminate dislocations which create bereavement/loss.

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[16] *Ibid.*, pp. 14–15.

A medication is available to aid the soldier in his adjustment to bereavement/loss. It is cheap, easily accessible and has often been encouraged in the military. That medication is alcohol. In a report submitted to Congress, the Comptroller General reported that military people surpass the national average in consumption of alcohol.[17] For that report, officers and enlisted persons were tested. The report showed that 20% of the officers and 32% of the enlisted persons were considered heavy or binge drinkers. It listed 17% of the officers and 35% of the enlisted people as having drinking problems. A heavy drinker consumes five or more drinks on four or more days per week. A binge drinker is an individual who has been drunk for more than one full day at a time.[18] 96% of the medical military authorities interviewed maintained that alcohol abuse does more harm than drugs. Several physicians stated that over half of all trauma injuries such as broken bones and contusions were associated with alcohol abuse. 85% of patients interviewed believed the military environment contributed to alcohol abuse. A veteran–nonveteran study reported that 11% of veterans as versus 5% nonveterans abuse alcohol.

Many bereavement/loss experiences occurring over a short period of time are internalized in a state of perplexity as hurts. When these hurts are not renegotiated through replacement of that which was lost, they lead to forced permanent role changes which are not accepted. This in turn encourages the consumption of physical/psychological "medications" including alcohol, which relieve the internalized pain. Given time, the "medication" which served as the coping mechanism becomes instead an addition.

The Comptroller General's study provides a number of reasons why alcohol is such a problem among military personnel. These reasons can be tied to bereavement/loss, a war environment and Lindemann's definition of grief. One reason is job dissatisfaction, which includes low financial compensation. Closely related is the fact that the soldier may initially do a job which is below his capability and from which he has little opportunity to escape. A third is overseas duty where, in many cases, a soldier cannot take his family but does not necessarily ship out with old buddies either. A fourth significant factor is the peer group with its many pressures to conform. Other factors include the following: restricted social scope and activities, encouragement of drinking by supervisors, excessively long tours of duty, job pressures, and the fact that alcoholic beverages are inexpensive and readily available. The individual with many bereavement/loss injuries is thrust into a situation where drinking seems a natural alternative to his problems.

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[17] U.S. Congress. Comptroller General of the U.S. *"Alcohol Abuse is More Prevalent in the Military than Drug Abuse MWD-76-99."* Department of Defense (April 8, 1976): 1-89.

[18] *Ibid.*, pp. 12-13.

The Combat Veteran—A Special Case

Combat merits special consideration. In a study of war trauma, Dr. Ruby and associates in the VA Medical Center in Topeka, Kansas recognized that alcohol was being used as a medication to help men to deal with war trauma.[19] The study proves that alcohol will successfully block the symptoms associated with classic traumatic war neuroses (i.e., chronic and at least moderately severe anxiety, recurrent frightening dreams, usually about the traumatic event or events, and insomnia, irritability, agitation, depression, and somatic symptoms and preoccupation). If viewed closely we see bereavement/loss symptoms as well as trauma symptoms and we see alcohol successfully blocking or stopping them in what Lindemann called the Stage of Perplexity, the first of the two stages of grief. Veterans can and do use alcohol as a medication to block and temporarily stop grief and its pain, whether produced by combat trauma or the bereavement/losses of military life. This is true not only for combat trauma and bereavement/losses, but for all bereavement/losses. Thus the stage of perplexity is magnified by the many bereavements/losses that have not been given grief work. Yet grief work is difficult if not impossible when the individual is drinking heavily. Alcohol therefore keeps the symptoms of bereavement/loss (grief) alive unless the person is given help to work through grief. Because a long period of time may have elapsed between the onset of combat bereavement/loss and the time when grief work can begin, the original situation is difficult to recall, and grief work can never be fully negotiated. Alcohol in its progression therefore locks berevement/loss inside the person while allowing the environment, values, meanings and fulfilling experiences to add new bereavement/losses to an already growing stage of perplexity. The result is a disease that encompasses many different diseases. Using holistic disease concepts, alcoholism is all inclusive. It contains physical disease, mental disease, social disease, spiritual disease and generic disease.

This Delayed Grief is a form of *Morbid Grief*, which has specific symptoms, as does normal Grief. These symptoms can be seen in alcoholics, drug addicts, gamblers, overeaters and others. The following are the symptoms of Morbid Grief as outlined by Lindemann. Many are easily recognized; others need research. There may be over-activity without a sense of loss. Symptoms belonging to the last illness of a deceased may be acquired. Although this sort of symptom formation "by identification" may still be considered a conversion symptom such as we know from hysteria, there is another type of disorder doubtlessly presenting a recognized medical disease—namely, a group of psychosomatic conditions. At the level of social adjustment there often occurs a conspicuous alteration in relationships with friends and relatives. Hostility may appear generalized

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[19] Ruby and Godfrey Jocoursiere, "Traumatic Neurosis in the Etiology of Alcoholism," *American Journal of Psychiatry* 137.8 (August 1980), pp. 966–968.

in all relationships; it may also occur as furious hostility against specific persons, the military, or the government. Many bereaved persons struggle with much effort against feelings of hostility, which to them, seem absurd, represent a vicious change in their characters, and should be hidden as much as possible. Closely related to this picture is a lasting loss of patterns of social interaction. There is, in addition, a picture in which a patient is active but in which most of his activities attain a coloring detrimental to his own social and economic existence. This leads finally, to the picture in which the grief reaction takes the form of a straight, agitated depression with tensions, agitation, insomnia, feelings of worthlessness, bitter self-accusation, and obvious need for punishment.

The morbid grief can be superimposed on the alcoholic's four kinds of losses. One is a material loss, which is loss of any object of value. Second is a physical loss, involving part of one's own body or developmental losses suffered as one passes through the stages of life. Third is psychological loss of self-esteem, self-respect, self-confidence, and the like; and a fourth is a loss of significant figure in one's life, either through death or separation.[20]

There is no typical pattern associated with the life of the grief-stricken alcoholic veteran, but loneliness often emerges as a key factor because of divorce, open rejection by relatives, ostracism because of aberrant behavior, and rejection of themselves and their own behavior. Loneliness seems complete and final, and a new lifestyle is impossible to imagine. Spiritual life is dead. Alcoholics Anonymous indicates that such an individual is powerless over alcohol, that his life has become unmanageable. The alcoholic veteran finds himself in a traumatic situation which requires outside counseling for some or all of the following: deprogramming from the structured military environment; combat trauma, alcoholism; marriage problems; general morbid grief. An accurate evaluation is of utmost importance if these human problems are to be controlled or eliminated. Questions to be asked include: Are we dealing with psychological addiction, or psychological/physical addiction? Are psychiatric problems present that are independent of the alcoholism? Are military deprogramming problems related to any of the above? What bereavement/losses are present which are presenting psychiatric problems that could be negotiated? What bereavement/losses are being held in abeyance until discharge which could not then be negotiated? Alcoholics need to work through bereavement/loss in which Lindemann called "grief work" whether veterans or not. But veterans have the special problems associated with military service and war.

The last loss for the alcoholic veteran and the morbid grief sufferer, is the giving up of alcohol. This, like other losses, needs a substitution or replacement. The identification of the remote causes of alcoholism, includ-

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[20]Lester R. Bellwood, "Grief Work in Alcoholism Treatment," *Alcohol World, Experimental Issue*, (Spring 1975), pp. 8-11.

ing bereavement/loss, must precede any attempt at rehabilitation. Grief work is part and parcel of alcoholic rehabilitation and with the grief stricken alcoholic veteran, it must be given special emphasis. This is due, in part, to the medicating of bereavement/loss with alcohol which has created two problems from one. With bereavement/loss known and grief work begun, the bereavement/losses of military service are placed in perspective, trauma is isolated, the family constellation is given support, the addiction to alcohol itself is isolated and alcoholic treatment can begin.

The Work of the Chaplain

The process of dealing with bereavement/loss and grief by the chaplain provides the beginnings of the spiritual program of the alcoholic/morbid grief sufferer. Grace is a process which is simply "another chance." It is a struggle given impetus by Paul's advice to the Philippians (2:12) when he says, "work out your salvation with fear and trembling; for God is at work in you both to will and to work for his good pleasure." God gives another chance to the grief stricken alcoholic, but that grace includes a partnership from which the gift of another chance comes. Grace, another chance, begins with the death of Christ and his resurrection.

In dealing with the veteran alcoholic and morbid grief sufferer, the chaplain encourages his counselee towards the acceptance of another chance, but he realizes that the old lifestyle of trauma, bereavement/loss, and alcoholism is never willingly or easily given up or, as Luther would say, put to death. However, it is only from the death or sacrifice of the old that a new person can be built. With grace, healing takes place, trauma is minimized or worked through, negative feelings are neutralized and the veteran alcoholic/morbid grief sufferer is given a new, healthier lifestyle. It is a conversion experience, a context for salvation.

There are some practical steps which the chaplain/pastoral counselor can follow in dealing with the morbid grief sufferer/alcoholic veteran. These steps follow the basic methods of supportive counseling as outlined in part by Howard Clinebell,[21] and aid in building hope, trust and courage to believe there is a way out. They include: gratifying dependency needs; encouraging emotional catharsis of bereavement/loss and traumatic events; objective review of the bereavement/loss situation; aiding of the ego's defenses; changing the life situation; prescribing action or replacement therapy; and using religious resources.

It is difficult to document when the alcoholic/morbid grief sufferer begins to have faith. Faith is "risking myself for the unknown, knowing all along that I could be destroyed or rebuilt, but because I know that God is love and cares about me, all my risking will turn out in my own best interests (as versus what I want)." In a step-by-step progression, faith

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[21] Howard J. Clinebell Jr., *Basic Types of Pastoral Counseling.* (Nashville: Abingdon Press, 1966), pp. 141-144.

begins with the belief that there is a way out of morbid grief and chronic alcoholis. Behaviorally, faith increases as mistrust changes to a willingness to trust self, others and God through negotiation and action. Trust enables the self to emerge, to become connected.[22] Mistrust for the morbid grief sufferer and alcoholic has two specific bases. In the morbid grief sufferer, mistrust comes from loss itself. A relationship of trust, of meaning, of a particular role, of fulfillment and pleasure with some external object or person has been severed and is followed by withdrawal into pain, hurt, confusion of direction, and internalization. In the alcoholic there is mistrust based on memory lapses or blackouts experienced because of alcohol consumption over a period of time.

Unless the sufferer deals with trust first, his destructive responses may aid personality dysfunction and disintegration. These may include: continuing to deny that a problem exists, evasion of the problem via alcohol, refusal to seek or accept help, inability to express or master negative feelings, failure to explore the nature of the crisis, failure to explore alternative solutions, projection onto others of total responsibility for causing and/or curing turning away from friends and family.

The attempt to deal with morbid grief in a constructive manner has three major functions: Identification, Reinterpretation of the Incorporation and Reintegration of the Assimilation thru Substitution.

With *Identification* the alcoholic builds an emotional tie with an individual who has worked through grief and alcohol. This is necessary to open communication on an intellectual and feeling level with someone who will share deep, sensitive issues. A second identification establishes an emotional tie with a community which can aid in emotional support in differing forms. These organizations might include alcoholics, Christians, military people, divorcees, child or spouse abusers, or even sub-groups made up of combat veterans, MIA's or POW's. A third identification is the most painful for it calls for the building of a historical-emotion tie within the individual himself. It is this historical issue of bereavement/loss that has become the basis for the present need for medication. It must be faced to be resolved; it contains certain values, feelings and experiences that need a new resolution into a new incorporation and assimilation.

Reinterpretation of the incorporation's meaning is illustrated by an example. A marine before enlistment was close to his mother. His father did not know how to raise children and felt that raising children was the responsibility of the wife. The teenager relied on his mother to help him get up in the morning, help him with school work, get him on the bus for school, and give him general emotional/communicative support. When she died, father and son were helpless. The son's school grades began to slip, personal grooming became sloppy and he became withdrawn. Frustrated and feeling inadequate, the father ordered the son to join the

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[22]Stephen Shapiro, *Trusting Yourself,* (Englewood Cliffs: Prentice Hall, Inc., 1975), pp. 17-18.

military or leave home. It was painful for the father to see the son regressing and even more painful for him to give up the father–son relationship and be alone. The son, already suffering bereavement/loss over the death of his mother, felt rejected by his father and kept that feeling throughout his years in Vietnam. When the son recognized in counseling that his father had not rejected him, but rather loved him and felt inadequate in raising him, new feelings of love for the father emerged.

The young marine's bereavement/loss was reinterpreted in light of the events surrounding his mothers death. The reincorporation of the facts and feelings of that time changed the young man's mind and perspective. He saw his introduction to the military as an attempt to aid his personal growth and development. He was able to isolate bereavement/loss that occurred prior to military service from that which occurred while in combat. Eventually even combat bereavement/losses were isolated and handled more constructively.

Reinterpretation, then, means dealing with bereavement/losses in light of their surrounding historical context and reinterpreting the hurt so as to neutralize it or to re-establish it as an event that can be remembered without pain. It can be remembered in a more favorable light, without shame, in a way that builds up self-esteem. It now gives a healthy meaning to a person's history, and establishes new community and social ties with mutually sharing and concerned people. It also opens the door for a new God-person relationship.

Reintegration of the Assimilation through Substitution takes three specific forms. First, it attempts to aid the individual to reintegrate INTRA–physically/psychologically, i.e., to turn him toward greater personality wholeness and harmony. Second, it attempts to re–integrate INTER–physically/psychologically with a supportive caring, concerned community of individuals all of whom have similar histories, values, behavior, and with God himself. Finally it attempts to reintegrate a willingness for giving (Agape love). The eventual outcome of this process is a modified personality and value system brought about by substitution. Grief work and alcoholic recovery are done; processing life as it happens has begun.

It is true that the process earlier described as leading from bereavement/loss to alcoholism has not been eliminated, but rather it has become manageable. Alcoholism can never be erased, only controlled. Bereavement/loss cannot be erased, only relieved given a long period of time and extenuating circumstances. Both are now in a controlled, manageable situation.

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Pastoral Care of the Cancer Patient and the Family

Chaplain (MAJ) Larry P. Henderson

Chaplains need to be skilled in their pastoral care of cancer patients and their families. Counseling cancer patients can be draining and demanding; therefore, the Chaplain must develop good communication skills and counseling abilities. The skilled Chaplain can help to educate, inspire and motivate in his ministry to cancer victims. If people are educated to the facts of cancer, then quicker diagnoses will be possible and treatment can begin sooner. If people are inspired to fight cancer with everything they can muster, then that positive attitude helps in the treatment. If people can be motivated to search for cures for the many types of cancer, then much suffering and pain will be spared future generations.

> Cancer is something that happens to someone else. Why did this have to happen to me? What have I done to deserve this? Is God punishing me for something" Am I going to live? Oh God, help me. Please Lord, help me.

These are words heard often by hospital chaplains and pastors when the people with whom they counsel are dealing with cancer. The best pastoral counseling skills can be taxed when working with the stress and crisis that cancer brings to the life of its victim. The victim's family also hurts and questions.

The ability to relate to persons experiencing cancer takes on new meaning when the victim is a member of the Chaplain's family or the Chaplain himself. The author's experience of cancer in his immediate family has been the catalyst for writing this paper.

Chaplain Henderson is an ordained Southern Baptist minister with a D. Min. in Pastoral Counseling from Southern Baptist Theological Seminary in Louisville, KY. He has served Army Reserve and Army National Guard units in Kentucky and Arkansas, and is currently assigned to the 212th Signal Battalion (ARNG) in Little Rock. In civilian life, he has a variety of pastoral experiences, having served as Associate Pastor, Pastor, Director of Religious Education, Prison Chaplain as well as other roles. He is presently working with Time and Life Management, Inc., developing a program to enhance marriage relationships.

The following personal account is taken from a devotional speech delivered two years after my wife has been diagnosed as having a malignancy. First there was surgery, and then there were treatments twice each month for two years. This speech reveals personal crises faced and some sources of strength during this time:

> The squeaking of the revolving glass door and the cool, damp air hitting my face helped to arouse me from my tired, sleepy state. The sky was covered with chalky grey clouds and the March air had a chill to it.
>
> I had just spent the night with my wife, Martha, in her hospital room. I stood on the sidewalk for a few minutes reflecting on the recent events in my life.
>
> Three weeks earlier I had begun work as the Associate Minister of Pulaski Heights Baptist Church in Little Rock—45 miles away from where I was living in Pine Bluff, Arkansas. There were so many things to do and plan. I had to sell a house, pack, move and buy another house in Little Rock. My "things to do" list seemed endless, and now there was this event with which I had to deal.
>
> A few days earlier Martha had been to see the doctor and he told her she needed to go to the hospital. He had detected something that needed quick attention. It could be cancer but only a biopsy would tell.
>
> I prayed, "God, don't let it be cancer. We've got two little children to raise and so many things to do as a family. Lord, don't let it be cancer, but if it is, give us the strength we need to fight."
>
> During the first two hours of Martha's surgery, several friends stopped by to visit me. When not talking to them, I was praying silently for strength and support. The doctor came out of the operating room and mentioned for me to join him. He said, "We are finishing up now. It is cancer but we think we got it all. It seemed to be in the early stages. . . ." His words continued, but I did not hear them. I was stunned and couldn't think. While standing there a passage of Scripture came to mind as if the Lord were speaking directly to me. "My grace is sufficient for you." (2 Corinthians 12:19.)
>
> It was a passage I had shared with many people during their times of need and now it came back to help me. The doctor continued his explanation of the situation and summarized with, "I'm sorry. I am really sorry. You'll be able to see her when she gets out of recovery in an hour or so." He patted me on the shoulder and walked away.

The Lord is my shepherd. I shall not want;
He makes me to lie down in green pastures:
He leads me beside still waters, he restores my soul.
He leads me in the paths of righteousness for his name's sake.
Even though I walk through the valley of the shadow of death. I fear no evil;
For thou art with me; they rod and thy staff they comfort me...

I sat down and silently said, "Thank you, Lord. I know that is true. You are my shepherd and Lord I need a lot of shepherding right now..."

The night after the surgery was difficult at best. I alternated between checking on Martha and praying. Sleep came in short naps of 10 to 15 minutes.

I was exhausted that morning as I stood on the hospital sidewalk. Exhausted from lack of sleep and from concern about what was going to happen. A passage of scripture from Matthew came to mind. "Therefore do not be anxious about tomorrow, for tomorrow will be anxious for itself." (Matthew 6:34)

As I walked to my car, I felt renewed strength and energy. I noticed a hugh oak tree in the yard with its long bare limbs reaching up into the cold grey sky. It presented a rather bleak picture. It was a symbolic sight with which I could identify.

But there was something different about this bleak old tree. From the very top of it came the song of a mocking bird. In the cold dawn hour, a bird found time to sing. I was reminded of another word from Jesus. "Look at the birds of the air; they neither sow nor reap nor gather into barns, and yet your Heavenly Father feeds them. Are you not of more value than they?" (Matthew 6:26)

As I climbed into my car I noted the sky was a lighter shade of grey. Even though the clouds were solid across the sky, the sun still took time to rise. And even though I felt the world was about to cave in around me, life and the natural order of events were still going on.

That's the way it is with God's world. Even though we experience life's side-tracking moments, the Lord still keeps things moving and invites us to get back into step and move with him.

I can stand here today and tell you that it is true what Paul reports the Lord told him: "My grace is sufficient for

you, for my power is made perfect in weakness." (2 Corinthians 12:19)

The battle against cancer is not hopeless. There are many statistics that show great advances have been realized. But, the battle is not won yet.

> Almost 56 million Americans now living will eventually have cancer; one in four, according to present rates. Over the years, cancer will strike an approximately two of three families. In the 70's, there were an estimated 3.5 million cancer deaths, over 6.5 million new cancer cases, and more than 10 million people under medical care for cancer.
>
> In the early 1900's few cancer patients had any hope of long term survival. In the 1930's less than one in five was alive five years after treatment. In the 1940's it was one in four. Now the ratio is one in three. The gain from one in four to one in three currently represents about 67,000 people this year.[1]

Cancer—What is it?

The American Cancer Society defines cancer as "a large group of diseases characterized by uncontrolled growth and spread of abnormal cells."[2] Death may result if the spread of these adnormal cells is not stopped. With early diagnosis and prompt treatment many cancers can be cured.

The growth of normal cells takes place in an orderly manner with new cells replacing worn out tissues. The body can grow and injuries can be repaired. Sometimes a cell undergoes an abnormal change and uncontrolled growth begins. These cells grow into masses of tissues called tumors. They may be benign or malignant (cancerous.)[3]

Cancer cells remain at their original site in the early stages of growth. At this point the cancer is said to be localized. The cancer cells may move to an adjacent area of the body through growth or be carried by the blood or lymph systems to other parts of the body. This spread may be regional or it may be throughout the body. If it spreads through the body and is left untreated, the cancer usually takes the life of the patient. For this reason it is important to detect cancer as early as possible.[4]

In an interview broadcast on the *Today* show, Boston physician Robert Weinberg discussed his recent research and results. His research has discovered the precise chemical change that caused a good cell to become cancerous in a bladder. He related that this information allows us to know how cancer is caused but it still does not tell us how to stop it at the

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[1] *Cancer 1981 Facts & Figures*, p. 3.
[2] *Ibid.*
[3] *Ibid.*, p. 4.
[4] *Ibid.*

time and point of origin. Dr. Weinberg further stated that fifty years passed between the time some forms of bacteria were found and the time a method was discovered to fight them.

Hopefully research and public education will quickly advance the fight against cancer. Maybe fifty years will not have to elapse between this significant event and the discovery of a method to stop cancer.

Treatment of Cancer

The treatment of cancer has been revolutionized in recent years and is becoming more precise. Surgery may be used to remove the tissue, or body part that is affected. Chemotherapy is used to flood the area or entire body with drugs to fight the adnormal cells. Radio-therapy uses concentrated doses of radiation to bombard the tumor or area that is cancerous. All three of these may be used together to treat certain kinds of cancer.

New methods that have been developed include hypothermia (the supercooling of body tissues) to increase the effectiveness of other therapies. Bone cancer patients may have a section of bone replaced instead of losing a limb entirely. Immunotherapy may be a way to fight cancer with the body's own systems without the toxic results of chemotherapy. Other new and innovative methods of treatment are being researched continuously.[5]

Most people are surviving cancer because of powerful new drugs, better diagnostic techniques, less disfiguring surgery and changes in diet and life style. The recognition of cancer as a systemic disease has changed the approach to treatment. Since cancer is rarely confined to a local area it has to be treated throughout the body's system in order to defeat it.[6]

The use of mental imagery to treat cancer patients has been developed by O. Carl Simonton, M.D., Stephanie Matthews–Simonton, and James Creighton. Their work is done at the cancer Counseling and Research Center in Ft. Worth, Texas. A complete explanation of their innovative approach to treatment is outlined in the book, *Getting Well Again*. Basically it involves teaching the patient to relax, get in touch with his emotional make–up, and visually imagining his body's own system defeating the invading cancer cells. It is used in conjunction with other forms of therapy. The results are quite impressive.

Another approach to treatment involves the patient visualizing himself as a member of the treatment team. The patient feels totally involved in the planning of treatment and works with the medical personnel to cure the disease. This may involve the use of mental imagery or it may not. It does mean that the patient does accept more responsibility for his treatment and does not sit idle while others "work on him."

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[5] *Ibid.*, p. 6.

[6] *U.S. News & World Reports*, Sept 20, 1982, p. 72.

Pastoral Care

Since positive attitudes are a plus in the treatment of cancer, the chaplain can play an important role on the treatment team. If he conveys hope, the patient will gain strength from that. The chaplain's attitude must be realistic and appropriate, but hope can be conveyed even if the patient's condition has been diagnosed as terminal. The patient can draw hope from the fact that he is not alone.

The chaplain needs to be aware of the dynamics of shock, grief, anger, depression, panic and fear that persons encounter as they experience cancer. It is important to develop a sensitivity to the needs of the patient and the family as they begin to struggle with this crisis for which they did not ask, and, if given a choice, would not choose to have to deal.

The chaplain needs to be supportive and caring while attempting to remain objective. He should do what he does best—represent the sustaining sufficient grace of God. He should also gather the facts. Talk to a nurse or physician or someone from the treatment team. He should tell them his interest in the patient. Most of the time the medical personnel will do everything they can to give the information they are allowed to release so the chaplain can be an active member of the treatment team.

There should be an awareness on the part of the chaplain that the patient and/or family members may want to deny the reality of the situation. There may be a reason for that denial. It may be that right now this is the only way the person can maintain psychological stability. The chaplain needs to be sensitive to this, but be honest. False hope, or a denial of reality, is not very conducive to the treatment process. A healthy, positive attitude based on correct information is conducive to good treatment and recovery.

The chaplain needs to maintain contact with the hospital staff. Seldom does the nurse or physician go to the home or encounter the family or patient anywhere else but in the hospital. The chaplain may see them often at church, at home and other places. Information he has may be valuable to the treatment process so it should be offered to the social worker or other appropriate persons. By sharing information a sense of rapport is developed that can only serve to enhance the treatment process of the patient.

Out of this rapport, unique things begin to happen. Mutual respect develops between the staff and the chaplain. Each begins to see the other as a partner working together on the healing team, not as a competitor.

As the chaplain works around medical professionals he senses some of the emotion and frustration they experience as they try to help their patients. Some patients are grateful for anything that can be done to help them while others are beligerent and demand nothing short of a miraculous cure. Physicians, nurses, social workers, therapists, and ministers are all human. They all need to work together as a team to give support and hope to each other as well as the patient.

The human will to live can present one of the most powerful forces on earth, and the human who has no will to live is a prime candidate for immediate defeat. It is the chaplain's job then, to help the patient to develop a strong will to live. He must help them to develop a realistic hope that there is a future if they but chart their course and claim it. He must help the patient to become co-therapists in their own treatment and to develop an attitude that says, "I will never, never, never, give up."

There is the story of a man who invested everything he had in a mining venture to find gold. He erected the drills and equipment and began to dig into the mountainside he had chosen. Several months passed and he ran low on money. Finally, in frustration, he gave up and sold the entire site to a junk dealer. Before the new owner lit his cutting torch to scrap the machinery, he decided it would be fun to drill for a few minutes. He drilled five feet into the mountain and struck the richest vein of gold that had ever been discovered in that part of the country.

The fight against cancer must never be abandoned. We may be only five feet from victory. Neither can the chaplain give up on the pastoral care of the patient. The patient needs this inspiration, hope and support. Chaplains should recognize the opportunity to be a shepherd to patients and their families. He cannot stop the pain but he can travel with them and let them know that he cares.

Wayne Oates tells of a farmer who was driving his wagon to town. As he traveled, the wagon slipped into deep ruts that stopped his progress. No matter how his mules strained, the wagon would not move. Another man came down the road and stopped to help. He hitched his mules to the unfortunate wagon. All the straining and pulling that four mules and two men could muster did not improve the situation. The owner of the wagon tired and dejected, climbed up into the seat to rest. The second man followed. The first man indicated he should go on his journey but the second refused. He said, "you are in need of help. The least I can do is to sit with you."

Sometimes the only thing that can be done is to sit with a person. It may be frustrating that there is nothing "ministerial" to be done. But the chaplain's presence conveys hope. By his actions and presence he is saying, "I haven't given up yet." The pastoral care of the patient and family is an important part of the treatment process. Good pastoral care leads the patient to feel better about himself and his relationship to God. Better feelings in both areas can only enhance the total treatment process.

Crisis Management

Cancer is a crisis of major proportions. The word "cancer" strikes fear. Even though many forms of cancer are being treated successfully, the diagnosis is still a crisis with which the person has to contend. The sensitive pastor will need crisis management skills to help the patient manage the crisis with a minimum amount of disorganization.

According to Howard Stone, there are two basic types of crisis, developmental and situational.

> Normal developmental crises are the predictable, though critical, experiences we all go through in the maturation process, such as the emotional turmoils attendant upon adolescence or middle age. Situational crises are exceptional and unpredictable; they are the emotional trials and dysfunctions which result from usual circumstances.[7]
>
> A situational crisis occurs when a person discovers he has cancer.

While he may have faced crises before (maybe even life-threatening crises, such as war or an auto wreck) this one is different because he feels so helpless. The initial feeling is often one of personal devastation. There are feelings of helplessness, anger, rejection, and sometimes loss of self-esteem. Pastoral counseling that is conducted from a perspective that understands these feelings can certainly provide a forum for the cancer patient to work through his crisis quicker and in an appropriate manner.

The goal of pastoral care in the crisis event is to lead the person to develop methods to cope with the situation. If the patient feels he can cope, he has a sense of control. That gives him hope. The patient with hope is a valuable team member in the fight to conquer the cancer.

The chaplain knows that a crisis tends to make people more self-centered. They spend time thinking about their situation and what needs to be done about it. The greater the problem, the more time is spent in concentrating on the problem. This often is a tiring and energy-draining exercise. Charles Keen recognizes this dynamic and speaks to the issue.

> Whether we are concerned with physical illness, emotional distress, economic pressure, or worry over the problems of those close to us, or any of the other difficulties which when they occur, tend to take over in our lives, the very existence of these problems has the effect of cutting us off, more or less, from a feeling of participation in and support by the fellowship of the People of God. In other words, our worries, and our fears tend to circumscribe our individual universes; and to the degree we feel them to be serious, they make us consider our other interests and responsibilities in their light. A person feels alone in direct proportion to the extent of the internal or external pressure to which may feel himself to be subject.[8]

One way to minister to the person in crisis is to encourage other persons to help meet his needs. In the author's experience fifteen persons from his

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[7]Howard Stone, *Crisis Counseling*, p. 5.

[8]Charles D. Keen, *Christian Faith and Pastoral Care*, pp. 47–48.

church family appeared one afternoon in vehicles of all descriptions to help with a household move that had to be done quickly. The major portion of the move was accomplished in less than three hours and there was certainly no time for feeling alone. That was a powerful ministry.

Another dynamic that appears in the life of the person experiencing crisis is his preoccupation with how his religious faith fits into the situation. He may question whether God still cares for him. He may feel that God is trying to get his attention. Maybe he feels he has done something wrong and God is punishing him.

The cancer patient may evaluate his crisis in terms of his religious experience, he may evaluate his religious experience from the perspective of his crisis. Either way, the person's religious beliefs play a significant role in the plan he develops to deal with the crisis. Paul Pruyser makes note of this intertwined relationship of crisis and religion.

> It is a moot question whether religion has gradually come to recognize and hallow the life crisis or whether these crises and their periodicity are one of the original sources of the religious quest. The fact is that crises and religious ideas and practices are thoroughly interwoven.[9]

The physical presence of the chaplain is important to the crisis-stricken person. The chaplain may have little to do or say but "just being there" can be meaningful. When the author was waiting for the results of his wife's surgery, six persons sat with him. Each was pastoring in his own way.

The presence of the chaplain during a crisis is more meaningful when there has been earlier contact established and a relationship with the patient developed. There is a danger of paying attention to people only during their time of crisis and not spending time with them on other occasions.

Wayne Oates mentions this possibility of the pastor seeing his people only during crisis and suggests that a good plan of regular visitation will keep this from happening:

> . . . the pastor needs to avoid the fate of paying attention to people only on an emergency, crisis basis. For example, it will be necessary for him to visit persons when they are in a great crisis. This he cannot leave undone and be a faithful pastor. But on the other hand, he needs a regular program of visitation of his members as well as a carefully thought out appreciation of his very formal "market-place" friendship with them.[10]

The minister who has reflected on his own crisis events and who can draw from those experiences to help others will find it greatly enhances his

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[9]Paul W. Pruyser, *A Dynamic Psychology of Religion*, p. 207.
[10]Wayne E. Oates, *The Christian Pastor*, p. 4.

ability to relate to persons in crisis. To know something about the psychology of crisis and to know how it affects human behavior is valuable. To be aware of what the Bible has to say about various life crises and to be able to find that word and relate it to the person in need is important. Knowledge of crisis times in the lives of other Christians through our history is a valuable resource. Wayne Oates refers to this when he states:

> Therefore, both a thorough knowledge of the Bible and of Christian history and an empirical knowledge of the psychology of these crises are essential. But a "focused perspective" of the two is even more important.[11]

There are many normal, developmental crises in life that the chaplain will encounter for himself as well as help others to face. Events such as birth, marriage, tackling a home mortgage for the first time, sending a child off to college, and welcoming a child home from military service are but a few of these normal crises that alter our life styles. Situational crises such as losing a loved one due to a drunk driver or an illness such as cancer can be even more traumatic. The pastor who is sensitive to other person's needs and who knows how to approach those needs will not shrink from the task. He will certainly not barge into the stressed person's life but will carefully approach the situation and attempt to minister to the needs as best he can.

Drawing from experience in many areas, I have developed a strategy to deal with crisis from a personal and pastoral point of view. It is a simple yet effective way to get off dead center and get life moving after encountering a crisis. First, identify the crisis. Second, plot a course of action beginning with the immediate things that have to be done and then delaying those things that can be done later. Third, in the days following the crisis, plan only for that day. Taking things a day at a time reduces the need to solve the crisis all at once and allows for wise conservation of one's energy. Fourth, in the weeks following the crisis, begin making plans for a longer time frame. This will be necessary to deal with the stress of contending daily with crisis. Add to this outline an attitude of prayer that leads one to seek on a constant basis the will of God and his leadership, and it works.

It is not optional for the chaplain to learn to do crisis intervention. It is mandatory. The chaplain is called to minister to the needs of people in good times and in bad. He must have some ideas about how he can meet those needs especially in the area of crisis management.

Stress Management

"Does stress cause cancer?" The voice of the radio talk show host boomed into his microphone. I was driving across town and listening to the interview of a physician. The radio host pursued another question before the physician could answer. However, the question remained in my mind. I am

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[11] *Ibid.*, p. 10.

not sure if stress causes cancer, but I know that cancer causes stress.

Dr. Hans Selye, one of the world's leading authorities on the subject of stress, spent nearly forty years studying the affects of stress. He says, "Stress is the nonspecific response of the body to any demand made upon it."[12] The word stress has often been used in contradictory ways. Selye feels it is important to observe what stress is not.

> Stress is not merely nervous tension. Stress is not always the nonspecific result of damage. Stress is not something to be avoided. Complete freedom from stress is death.[13]

From Selye's research some conclusions can be made. Stress is universal to humans. It can motivate humans to exhibit good and/or harmful behavior. The only way to avoid stress totally is to die.

Chaplains are familiar with stress. They experience it daily and may occasionally experience it very intensively. For example, when a chaplain tries to comfort a cancer patient, he may feel that his efforts are not succeeding. He experiences frustration and stress due to his lack of ability to be helpful.

The patient experiences stress from both physical and psychological perspectives. Physically, cancer and the chemicals, radiation, and/or surgery used to treat it create stress. Psychologically, he is stressed because his very existence is threatened.

The family of the patient experiences stress in similar ways. Emotionally the family is stressed over the suffering of their loved one. They may become physically ill and have to take medication for "nerves" or for "upset stomach." The author has interviewed family member who so identified with the patient that the same limb or body part would "ache" or "hurt" when they thought of the patient. The fear is also expressed that they will "catch" the disease from their family member.

Reaction to Stress

Wayne Oates identified four stages of reaction to stress.

> The first reaction most people have to stress is one of alarm. They attempt to deal with a new emotion by being afraid of it. After the initial panic, a coping mechanism starts work and as adjustment is made through resistance to the stress factors bombarding you. Rebellion is common in the third stress management stage called exhaustion. The fourth stage of stress is actual emergence of rebellion.[14]

Most cancer patients the author has interviewed readily admit that they are experiencing stress as a reaction to their diseases. Some respond to their

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[12]Hans Selye, *Stress Without Distress*, p. 14.

[13]*Ibid.*, pp. 17–20.

[14]*Southwest Times Record*, Ft. Smith, AR. Friday, July 13, 1977, p. 8-A.

stress by withdrawing from normal communications with other persons. A patient may exhibit hostility toward anyone entering his room, regardless of the purpose of the visit.

One patient has dealt with her stress by watching television and retaining an attitude of open communication about her situation. She loves to visit with people and tries to find topics for conversation. In weekly visits for over a year, the author has always been greeted with a smile when the patient is alert. She smiles even though she has experienced months of hospitalization, and six surgical procedures, including amputation of both legs.

Stress seems to have a debilitating effect on some cancer patients. In other cases, stress seems to motivate the cancer patient to become an active participant on the treatment team. It almost seems that stress gives them the energy they need to fight their illnesses. This lady is a sterling example of that approach to stress.

Hope for the Future

> There are over 3 million Americans alive today who have a history of cancer, 2 million of them with diagnoses five or more years ago. Most of these 2 million can be considered cured, while others still have evidence of cancer. By "cured" is meant that a patient remains free of disease and has the same life expectancy as a person who never had cancer.[15]

The fight against cancer goes on. The victory is closer than ever before, but is not yet in hand. The chaplain can be an effective team member in the fight. He brings caring skills to soothe anxious persons. He represents the grace of God and the peace that overcome all fears. He reassures shaken faith by therapeutically using the scripture to restore and heal.

The cancer patient can develop hope and look forward to the future or can choose dejection and defeat. The chaplain, with a positive yet realistic approach can bring hope to the patient facing cancer. The hope the chaplain can bring is described by the Apostle Paul:

> Therefore since we are justified by faith, we have peace with God through our Lord Jesus Christ. Through him we have obtained access to his grace in which we now stand, and we rejoice in our hope of sharing the glory of God. More than that, we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit which has been given to us.

Some time ago I heard a story about a crippled young man who wanted to

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[15] *1981 Cancer Facts and Figures*, p. 3.

go to college. He took a job as a book salesman to meet expenses. One day he rang the doorbell to a home and was greeted by a lady who was very rude, speaking harshly and slamming the door. He limped off the porch. The lady, watching his exit, was overcome with guilt. She called him back and said, "I didn't know you were crippled. Let me buy a book." He quietly informed her that he was selling books, not sympathy. Still she insisted on buying a book and the transaction was completed. As he turned to leave, she asked him if being crippled colored his life. He replied, "Yes Maam, it does. But I choose the colors."

Cancer colors the life of every person it strikes. It is the chaplain's job to help the patient choose the colors. The patient's prospects for recovery are greatly enhanced when the color with which he approaches life is saturated with hope. The chaplain who listens, cares, and brings a message of God's presence and love is an important member of the healing team.

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China Observations and Reflections

Chaplain (COL) Eugene W. Beutel, USAR Retired

It was in the Spring of 1981 that a combination of fortuitous circumstances enabled me to realize my life-long ambition of visiting Mainland China. Several history courses in high school and college initially sparked a fascination with that country. Two years of Active Army service in the Orient (Okinawa in 1947 and Korea in 1953) had further kindled that interest. In recent years my professional responsibilities as a deployed staff member of the Division for Service and Mission in America of The American Lutheran Church, served to further deepen that interest.

Annual three-week Study Seminars have been scheduled since 1980 by the World Mission Divisions of The American Lutheran Church and the Lutheran Church in America. I was privileged to be a participant in the April 24-May 15, 1981 Seminar, during which my "Observations and Reflections" on China were recorded.

In recent years China has assumed a new importance in the world arena. As one of the super-powers, that nation must be taken seriously in the world balance of power. It behooves Americans to study the history and culture of China and to develop a deeper understanding of its people. Especially during the Cultural Revolution (1966-1976), China chose to isolate itself from the rest of the world. Now it is cautiously (yet boldly) emerging onto the world stage, as the bamboo curtain is being gradually lifted.

Religion has played a significant role in motivating the Chinese people and in the development of their system of values. Christianity in China, particularly within the Protestant "Three-Self Movement" Church

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is characterized by a strong ecumenical context. That dimension has parallels in the military chaplaincy, especially for Protestant chaplains, but more generally for all chaplains. Some observers are referring to the current era as having a "post-denominational" character and dynamic! Since military chaplains play important roles in the education and motivation of members of the military community and their dependents, it seems appropriate to share with the chaplains the best available current information on the status of China, its people and its religious climate.

During the Cultural Revolution church life in China was suppressed and Christians were severely persecuted. Times have changed! More and more churches are being reopened, virtually on a monthly basis. During the Cultural Revolution people had to secretly worship in house churches. I spoke with several persons who graphically described having had to whisper the words of hymns during worship services at that time, so as to not attract undue attention. Now people are again able to gather publicly in the houses of worship; theology students are again being trained and Bibles are once more being printed.

Before continuing with this report, I wish to share a word of caution which was voiced to the Seminar participants by Mr. William Sexton, Associate Editor of *Newsday* (Long Island). In a meeting with him in Peking, he advised us that there is no such thing as an expert on China. Mr. Sexton stated, "Nobody really knows what's going on in China—even when you thing you know, it will change." He based that comment on his having lived and worked in China for the preceeding year-and-a-half. After reflecting on this statement as I followed the news coming from China for the two years since my visit, I can only say "Amen!" So, with that disclaimer to any expertise on China, I will boldly launch into my report and invite the reader to accompany me in spirit on a visit to China, and through this narrative to share in the excitement of visiting the homeland of one-fourth of the people on the face of the earth!

General Observations/Reflections on China

Never before have I seen such masses of people! The crowds of people with whom we rubbed shoulders for two days in Hong Kong, prior to our entry into mainland China, gave us a foretaste of what was to come. Everywhere we went—Canton (Guangzhou), Xian, Zhengzhou, Peking (Beijing) and Shanghai, we were greeted by "wall-to-wall" and "curb-to-curb" people and bicycles.

We generally found ourselves "under observation" rather than as "observers," the more familiar tourist role. The Chinese people were friendly, curious and eager to engage in conversation. I felt good about being in China—before the time when tourists and travelers become fairly commonplace. There is much evidence of a significant "gearing-up" for tourism, in terms of hotel construction, upgrading of transportation facilities (including the airports) and a proliferation of "Friendship Stores"

(designed for tourists) in most major cities. Travel is still by group visa and remains significantly restricted in that only some areas of China are "open" to visitors. It is likely, however, that many areas now "closed" will be opened in the near future.

We were always tempted to compare the lot of the Chinese people with our own circumstances back in the States. Again and again, people urged us not to do this—but rather, to compare *their present* situation with *their former* situation, in order to get a fair picture. Most of the poeple we met seemed to be reasonably happy. There was no evidence of any major problems with hunger, in spite of the fact that we were in a land of over one billion people. True, most people live quite simply and without many frills, but they did appear to be content and constructively occupied.

There is a strong temptation to include a descriptive travelogue in this essay to share with the reader such things as the thrill of visiting the Great Wall, or Emperor Qin's Tomb near Xian, or the "Forbidden City" in Peking. Since it is possible to find excellent materials on these and other points of interest in *National Geographic* and numerous other current publications and books, I will, however, resist such temptations and incude only two additional brief paragraphs on the context of the China Study Seminar.

First, it should be noted that there is a significant amount of political "scape-goating" upon Chang Jing (the widow of Mao) and the so-called "Gang of Four." Mao Tse Tung is seen as having done so much for his people that the latter days of his regime, when he apears to have become quite senile, are overlooked. As a result, the responsibility for the devasting Cultural Revolution (with its closing of schools and churches and book burnings) are projected totally on the "Gang of Four," without any hint of Chairman Mao's complicity. The Cultural Revolution has had a devastating effect on China. Recovery from that travesty will take a long time. The important fact is that the process has begun and is accelerating!

Secondly, I wish to describe the nature of the Seminar itinerary. It included visits to communes, factories, schools, a university, historical sites, parks, monuments, museums, exhibits, cultural events, restaurants, etc. There was a boat trip from Shanghai down the Huaingpu River to its confluence with the Yangtze River (complete with entertainment by a juggler and a magician). All of these visits were enjoyable and informative. Yet, for our group, their main value was to set the context for our visits to churches and with religious workers. The next section of this report focuses on those contacts, which were primarily with Christian leaders, because of the constituency of our group and the purpose of the Seminar.

Observations/Reflections on the Church in China

One of my specific personal concerns in advance of this Study Seminar was the status of the Christian Church in China. I wondered whether the Church there even survived the 10 years of the Cultural Revolution (and

the 31 years since the 1949 "Liberation" which had brought Chairman Mao to power). My observations and reflections will illustrate that indeed "the seed of the Word is not sown in vain"—for the Church not only survived—in many areas it has grown and is showing new signs of life and vitality, despite the fact that it had to "go underground" for an extended period of time.

The national guide for the Study Seminar group, Mr. Chi Chien-ping, told us that he had never worked with a group like ours. He was impressed by two things: the way we were interested in people (rather than primarily in such activities as sight-seeing and shopping per se) and by how much time we spent in visiting churches and in talking with church groups. We felt good about that observation, because that's precisely why we were there!

The Chinese Constitution guarantees both "religious freedom" and the "right to propagate atheism." This apparent enigma means that in China one is not free to "go out into the highways and by-ways" to invite people into the Church—however, each person is free to come to the church to worship and/or study. And this is happening! People are searching and are participating in the life of the church in significant numbers.

We were not in Xian on a date which would allow us to participate in a regularly-scheduled weekly worship service. However, we did meet with the Rev. Tian Jing-fu, pastor of the Christian Church in Xian, and four members of his staff. Pastor Tian, a "sprightly 70 years young," informed us that there were about 1,800 Christians in Xian before the "liberation" in 1949. Today there are some 4,400 baptized Christians (a 250% growth)! The congregation has five worship services each week (three on Sunday and one each on Wednesday and Saturday). The pastor is a member of the "Three-Self Patriotic Movement" Standing Committee. The "Three-Self" Church is the Protestant Church in China. More will be said about this in the next section of this report.

During the Cultural Revolution this was one of many congregations which survived and carried on their work through a broad-based "house church" movement. That movement still continues to a significant degree—because some areas, particularly in rural sections, still do not have "open" churches—and because in some locales people are not certain whether the "Three-Self Movement" is to be trusted. After the 1976 overthrow of "The Gang of Four," pastors were allowed to attend the home services and preach. That point marked the beginning of the ongoing period of significant growth of the church. Pastor Tian and his staff invited us to join them in devotions in the Church, prior to our departure from Xian. This bi-lingual service was a moving experience for us! Familiar hymns like "I Need Thee Every Hour" and the "Doxology" were selected for the benefit of those of us who do not speak Chinese, so we could join in, too! The words of the hymns were written on large sheets of newsprint to compensate for the fact that all the books had been burned during the Cultural Revolution.

On the following Friday afternoon we met with the two pastors of the famed Rice Market Church in Peking. This church had been closed for 13 years (1966–79) and was the first church to be permitted to reopen in the capital city of China. Four "Three-Self" Churches are now open in that city. The Rice Market Church opened on Easter Sunday 1979 and by a year later had to go to two services. The building used by this congregation was formerly a Bible House and has a seating capacity of 300. Crowded conditions have led to current negotiations to have another church building reopened in order to provide more adequate facilities. This was described as "a united ministry which seeks to honor differences." Young people constitute between one-fourth and one-third of the average attendance. We participated in a devotional service with the church staff members in the chapel. Pastor Kan Que-qing noted that all of us were "together not by our doing, but by God's grace." We sang (simultaneously in two languages) "In Christ There Is No East or West," "Abide With Me," "This Is My Father's World" and, holding hands in a fellowship circle, "Blest Be the Tie That Binds."

On our final day in China, we met in the Canton train station for some 45 minutes with Pastors Harold K. Y. Huang and Sheu-Yean Fan of the local Christian Council and Mr. Young-shung Kao, General Secretary of the local Three-Self Patriotic Committee and Associate General Secretary of the local YMCA. Several individuals in our group had met with these persons on our first night in China, to plan for this meeting. We had cleared the customs inspection and were ready to board the train to return to Hong Kong. These men informed us that three Protestant churches were then open in that city, with a combined average Sunday attendance of some 2,500 persons each week and that over 180 new members (including many youth) had been received since Christmas.

The two Sunday worship services I attended in China were most memorable and inspiring experiences. On the first Sunday we found seats reserved for us in the only Protestant church then open in the city of Zhengzhou. The pews were made of planks—similar to those in the old Army cantonment-type chapels—which had been installed shortly before our arrival. Before that, worshippers had to carry in their own chairs. After we were seated, the remaining seats were quickly filled, as was any available standing-room inside the building and in the courtyard around it. Over 1,000 people attended this service, the first of two scheduled for that morning. Accompaniment was provided by an old-style pump organ and the choir included two violinists. The congregational singing was spirited and the worship was upliting. After Mr. Yen Ying-tang, who delivered the sermon, read his text (Romans 4:17–21), the congregation repeated the key verse (verse 21) twice. The sermon, best described as powerful, centered on the origin of faith as being from God, who called Abraham from Ur and subsequently made him "the father of many nations" and the "heir of promise." Mr. Yen referred to our group (the first such group to worship with this congregation) as "an illustration of the fruits of faith," observing

that "such a thing could not have occured even as recently as two years ago." He challenged: "We are here to experience faith—therefore, don't be weak!"

Worshippers included a sister and the mother of The Rev. Wilson Wu, a pastor of the Lutheran Church in America, who was born in Zhengzhou, and who now serves a parish in the Los Angeles, CA area. He was also visiting in China and joined us during our visit to the Great Wall. This congregation appeared to be of an older average age, although a significant number of young people were also present. People were anxious to meet us and to exchange warm Christian greetings after the service. It was no accident that the front wall of the chancel of this church, which had been reopened in time for Christmas 1980, was adorned with a large cross painted red. In Chinese Christian tradition, the red cross symbolizes "the joy of faith." Our group shared this joy at many points, but especially during the bi-lingual praying of the Lord's Prayer during the service. Two days later we shared in joyful devotions with the staff of this church during a meeting in our hotel, shortly before our departure from Zhengzhou.

Our second Sunday in China brought us to Shanghai. We learned that five churches of the Three-Self Movement Church were open in that city. Our group divided into smaller groups and attended services at four of the churches, with a Chinese-speaking member of the Seminar accompanying each group. I participated in the worship service at Kuo Chi Li Pai Tang, the "Shanghai Community Church" (formerly known as the International Christian Church and, in some quarters, as the "American Church"). We attended the 10:30 a.m. service, the second of two services. This large building was packed with 1,200 people, some 40% of whom we judged to be young people. The sermon text was the concluding section of Luke 10, dealing with the choices of the sisters, Mary and Martha, on the theme, "The Benefits of Sitting At His Feet." From my vantage point in the front row of the balcony, above the main center aisle, I was able to experience the beauty and the inspiration of this service and to appreciate the impact of the symbolic lighted Chinese characters for "Holy, Holy, Holy" on the main altar. Pastor Shen, the senior pastor of the congregation and preacher for the day, and his wife met with us following the service. Pastor Shen shared his convictions that "Christians should be involved in the rebuilding of China" and that "the Three-Self Patriotic Movement is pushing to make the Church truly Chinese" (whereas it was formerly seen as having been connected with colonialism). He is a member of the local Three-Self Committee. This church building was returned to the congregation on Christmas Day of 1980. The educational wing, which was still being used by the Peking Opera Company, was under repair in preparation for its return to the congregation. The congregation is served by four full-time pastors (Pastor Shen and one colleague are "former Episcopalians" and the others are a "former Congregational" and a "former Pentecostal").

On our final day in Shanghai, I was in a group of nine persons who

attended one of the daily masses in the Cathedral of Shanghai, the only Roman Catholic Church then open in that city of 11 million (7 million in the city proper). We were surprised to find that the priest still officiated in Latin, although the people responded in Chinese. Later, in conversation with Father Shen Bao-zhi, we learned that this relates to the fact that Vatican II "never happened in China." This results in the continued use of the Latin Rite and in the non-recognition by the Pope of the Bishop of China (and vice versa). This is the religious counterpart to the former political situation in which the U.S. recognized Taiwan but not the People's Republic of China. In a similar way, the Pope now recognizes the Bishop of Taiwan, but not the Bishop of China. The Catholic Church in China is working to have this changed. Only limited conversation is taking place between the "Three-Self" and the Roman Catholic Churches. One hopes that this will change in the future!

During our visit in China we also met and engaged in dialogue with other religious leaders whenever possible. We did not discover any organized Jewish groups, although we learned that several such groups are in existence. In Xian we met with Ma Liang-Ji (Muhammed Eunis), Imam of the Great Mosque. The Muslims are quite strong in China. Our group also visited several Buddhist temples and shrines, including the Jade Buddha Temple in Shanghai.

On the Sunday prior to entering China, participants in the Study Seminar had divided into smaller groups, which worshipped with various congregations in Hong Kong. I was part of the group which visited Grace Church in The New Territories. An enthusiastic congregation of people had climbed to the chapel on the eighth floor of the school building which is temporarily being utilized for worship. Pastor Eugene Gia delivered the sermon in the Mandarin dialect—an interpreter translated it into the Cantonese dialect—while Professor Donald Nelson of the Evangelical Lutheran Seminary of Hong Kong (seated next to me) translated it into English for me. On the following day we visited the Hong Kong Seminary and engaged in dialogue with the faculty. We learned that the "Three-Self" Church-sponsored Seminary in Nanjing had been reopened and that the first class, consisting of 40 students was meeting regularly. The students had been selected competitively from over 400 applicants. Thus, a new beginning has been made in theological education. Yet, since most of the clergy serving congregations are "up in years," all indications point to a severe ongoing shortage of clergy in the short-range future.

Family ties and loyalties are strong in China. One of the goals of the "Cultural Revolution" appears to have been an attempt to change this. The end result seems to have been the opposite, with a new strengthening of family relationships. We were in China over the "May Day" Weekend, basically a three day family-type of holiday. Literally hordes of people jammed the streets, highways and stores. Many were on family outings and picnics. The "house church" concept sustained the church through the "Cultural Revolution." Any future Church outreach program must take

seriously the importance of the family in Chinese culture and tradition.

The Chinese people put a strong emphasis on community and the corporate responsibility of the individual member of society. This is evident in the close family relationships and extends also to the various levels of community involvement (e.g., brigade, commune, city, province, nation). In the U.S. we hear much about "rugged individualism." The rights of the individual are often emphasized to the point where the responsibilities of the individual to the group, or to society, tend to be neglected. Whereas we Americans are often overly concerned about personal rights, we as a people have increasingly been moving toward a relative lack of concern about our corporate responsibilities. The opposite appears to be the case in China, where the average person is abundantly sensitive to her/his corporate responsibility, but often has quite limited personal rights. The answer probably lies somewhere in between—with a balance which maintains both concerns in a state of healthy tension, and therefore equilibrium, with each other.

Learnings From the Church in China

As a deployed staff member of The American Lutheran Church's Division for Service and Mission in America, I was impressed with the parallels between the three primary emphases in the "Three-Self" Church and the directions in which we seem to be moving in mission in this decade of the 80's. The "Three-Self" movement, which places all "Protestants" together in one structural church, bears watching. Historically, the churches in China never did have strong denominational ties. Today Church leaders will (if you press them) identify themselves as "former Lutherans," "former Presbyterians," "former Baptists," "former Methodists," "former Seventh Day Adventists," etc. Differences in polity, for example with reference to the mode of baptism, are resolved through dialogue and negotiation. In the case of baptism, this may mean either using several modes in the same church or having different churches in the same city use alternative modes (e.g., sprinkling, pouring or immersion). Holy Communion services are held infrequently for several reasons: it is still difficult to accurately identify those who are baptized Christians and are prepared to receive the sacrament; and theological agreement is difficult to achieve on this subject. However, serious dialogue is taking place in an effort to find an acceptable resolution.

The Christian "Three-Self" Patriotic Movement was organized in 1951 in consultation with Premier Chou En-lai to serve as a liaison structure between the government's bureau of religious affairs and the Protestant churches. It functioned as the national church structure for about 15 years. The Movement was deactivated during the "Cultural Revolution," but has re-emerged during the past several years, with the change in the government's policies on religion.

Pastor Tiang Jing-fu of the Christian Community Church in Xian, said: "We have no intention of being exclusive and are eager for relation-

ship with anyone who approves our direction of self-development. We want to pray together and to work to strengthen the relationships between the peoples of our two countries. We want to oppose hegemony and to promote world peace—and faithfully to serve our Lord." Ms. Sun Rui-ying, a parish worker in the same congregation and a "former Baptist," in describing the constituency of the congregation, said: "We have almost forgotten the divisions of the past—we are one!"

Pastor Li Zhan-Kui, a member of the local "Three-Self" Committee and senior pastor of the church in Zhengzhou, in referring to the eight (former) denominations represented in the constituency of the congregation he serves, said: "In the past they had their differences, but now the groups cooperate and work together—there is now no mutual recrimination or lack of cooperation."

Most of the initial reasons for the close working relationships between all Protestants within the same structure are likely based more on pragmatic than on theological concerns. Yet, it should be noted that bridges are being built and that the strength which lies in unity and cooperation are being demonstrated. The political context may very well have forced many of the current developments in the Christian Church in China. A China National Christian Council is being organized to take charge of pastoral and publications work, while the "Three-Self" Committee takes responsibility on the political side (including government relations, etc.). Bishop K. H. Ting (Ding Guang Xun), who heads the "Three-Self" Movement Church, is also principal of the seminary in Nanjing. We found the senior pastors in most congregations we visited to be active participants in the work of the local "Three-Self Patriotic Committee."

The three emphases from which the "Three-Self" movement gets its name are: "Self-Governing," "Self-Supporting," and "Self-Propagating." These concerns also have relevance for work with new and maturing congregations in the U.S. The development of autonomous, self-sustaining and mission-minded congregations appears to be the goal of virtually every denomination.

The emphasis on being "Self-Governing" is an obvious reference to the importance of self-determination—the concern that those who are affected by a decision should share in the decision-making process. This includes the concerns of "participatory management," of "local ownership", and of involvement both in designing and carrying-out programs. The "Three-Self" movement wants people who are part of the Christian Church in China to see this Church as having "roots" in China—of being indigenous—and not perceived as a religion which is "exported" from somewhere else. For this reason, missionaries from other lands are not welcome in China at this time.

The "Three-Self" Movement is adamant that the Church should be "Self-Supporting." It was a pleasant surprise to me to consistently hear echoes of the response which Pastor Tian Jing-fu gave us in Xian to the question: "How can we be of help to you?" I expected the response to

include some reference to a need for financial support. Not so! The response of Pastor Tian was: "Pray for us—and accept us as your peers—your fellow heirs of Christ!" In a variety of ways, we heard those sentiments re-echoed in a number of different settings. Perhaps the clearest demonstration of this emphasis came in the context of the printing and distribution of copies of the Bible in the Chinese language. Individual and personal gifts of Bibles and hymnals (on a one-to-one basis) were welcomed. In fact, I was among the people in the Study Seminar who carried both a Chinese Bible and a Chinese hymnal into the country and presented these books to persons who would make good use of them. However, mass distribution of Bibles or Service Books, printed elsewhere, are frowned upon—because of the intense desire to be both self-supporting and self-governing. We learned that the reprinting of 400,000 Chinese Bibles had been authorized in Shanghai and that, in fact, about 130,000 had been printed and were in the process of being distributed during 1981. The 1919 "Union" version plates were used for this reprint. Some members of our group saw shipping boxes containing some 4,000 copies of the Scriptures which had just arrived in Canton. Recent deliveries of Bibles were also reported by other church groups. While the supply may yet be far from equal to the demand, at least a good beginning has been made. It is important that churches in the west be sensitive to the situation in China and that they work with the churches—neither seeking to preempt their decisions nor to provide our solutions to their challenges and problems! Bishop K. H. Ting is quoted as having said: "We are determined to develop a principle of taking care of ourselves."

The *Lutheran World Information* release of February 11, 1982 reports that "Smuggling of Bibles into China 'makes the Bible contraband' and thus only 'embarrases the church'," according to comments made in NY by Dr. Kiang Wen-Han of Shanghai. He further observed that "Bibles are being printed economically and are a source of pride for Chinese Christians." He observed that "Bible smuggling efforts have received wide publicity here in North America, but our government said nothing about the smuggling. It did not want to embarrass us. As one million Protestants in a sea of non-Christians, we have to think of the opinion of non-Christians." He emphasized again that the church in China "must decide its own affairs without interference from any side."

The "Three-Self" Movement Church further insists that it must be "Self-Propagating." Ms. Wang Sheng-cai of the "Three-Self" congregation in Zhengzhou observed that "on those who have received faith rests the responsibility for propagation." "Self-Propagation" primarily means that "we recognize oursleves as Children of God who shares their faith." To put it in another way, this principle notes that Christ's Great Commission is both a personal invitation and challenge to every Christian—it is not and never was intended to be limited to pastors, or church councils, or evangelists, or to evangelism committees! It is an inclusive commitment!

Conclusion

The Study Seminar in which I participated in 1981 proved to me that the Church is alive and well in China! In fact, the Church is not only surviving, it is actually thriving. The trip through China also demonstrated to me that the fascination and mystery of the Orient are as magnetic today as they have ever been.

China is intriguing. It is an emerging (and likely "pivotal") world power which deserves our serious attention! That nation is rapidly industrializing and is entering the world trade market in style! The people of China are seeking—and appear to be "open" in ways that are unique in modern times! China is by no means static, it is constantly changing and in flux. Therein also lies part of its attraction!

This essay has concentrated on the current status of the Church in China particularly from a Protestant perspective. This is reflective of the groups and persons contacted during the Study Seminar in which I participated. The Churches in China today are dynamic, relevant and vibrant in a way in which that has not been true for a long time. This may be due to the tempering which comes from having passed through the fires of adversity. May the saga of the practice of faith by the Chinese people be a source of learning and inspiration for us all!

BOOK REVIEWS

Sermon Struggles: Four Methods of Sermon Preparation

Earnest Edward Hunt, III

The Seabury Press, New York, NY 1982
145 pp. $8.95 Paperback

The Rev. Earnest Edward Hunt, III, is Rector of the Church of the Epiphany in New York City.

One of the more difficult and stressful tasks of the ordained clergy is preaching. The preparation and delivery of sermons, each with its deadline on a recurring schedule, can be daunting indeed; so can the matter of an effective and constructive response from hearers.

Rector Hunt knows the situation in a personal, experiential way. He worked out a rather daring project meant to help him reduce some of the tension and at the same time improve the effectiveness of his preaching. It all worked for him. The approach and the results are fully presented in this book as a helpful sharing with others confronted by sermonic struggles.

He begins by asking himself a rhetorical question: "Does the way one works at producing a sermon influence the response?" In search of answers, he establishes a structured methodology, which includes a weekly personal record of the preparation processes and methods chosen; a voluntary group of laypersons that meets weekly without him to discuss and have recorded their reactions to each sermon; and comparison of the results of the whole process.

Hunt includes twelve sermons delivered in his accustomed manner during the period of his project; of these, eight include the complete record of his personal work and the group's discussion, four include only the personal record.

The study text includes introductory matter about the whys and wherefores of the project and the book, after which the author limns his theological basis for preaching and the project procedures. Four chapters then present the sermons and accompanying data illustrative of the four

methods used. There is a summary chapter and a useful bibliogrpahy.

All in all, this is a uniquely helpful concept and presentation for any clergyperson.

—William E. Paul, Jr.

Preparation for Marriage: A Study of Marriage Preparations in American Catholic Dioceses

National Center for Family Studies
Abbey Press, St. Meinrad, IN 47577, 1983

The National Center for Family Studies is an organization devoted to family life research and dissemination of information about the family; it is located at The Catholic University of America, Washington, D.C.

This brief research report summarizes the findings of a national investigation of American Catholic marriage preparation. Each of the 173 dioceses, archdioceses, and eparchies (Eastern Rite dioceses) was queried with regard to marriage preparation policy and procedure.

Several major trends emerged from the findings. It is clear that marriage preparation has increased throughout American Catholic churches. A wide variety of formats are offered, and Engaged Encounter and Pre-Cana Conferences are the most popular. The focus is almost exclusively on preparation shortly before the wedding with very few programs aimed at follow-up or preparation for the newly married. The investigators also note a serious dearth of programs for special needs populations—remarriages, older couples who have delayed marriage, interfaith marriages, ethnic groups, ethnically mixed marriages.

It is exciting to note the extent of lay involvement in the marriage preparation process. Over half the dioceses reported combinations of priests and married couples leading marriage preparation programs. Some 33 dioceses utilize the sponsoring couple approach in which established couples personally share their marriage adjustment experiences with engaged couples. Such lay involvement no doubt provides credibility, experiential reliability, and effective modeling for the about-to-be-married. The reviewer suspects that the American Catholic Church is a trend-setter in this positive new direction of marriage preparation.

There were several shortcomings to the study. The dioceses are compared without reference to their size or location, and hence one cannot judge *how many actual couples,* nation-wide, are exposed to various aspects of marriage preparation. Fargo and Los Angeles are considered equivalent units for analysis purposes. Although the authors report a 70 percent response rate to their mailed questionnaires (even an enthusiastic 100 percent response rate when supplementary telephone questionnaires are considered), the frequent gaps in information suggest that the reported high response rate is misleading. Blanks and insufficient information categories appear often. Perhaps the most disappointing feature of the

study, however, is the lack of any qualitative assessment. Merely the existence of programs is reported—effectiveness is never measured.

Despite the weaknesses, this effort represents a significant achievement. It is the first national assessment of marriage preparation in America. Perhaps it will inspire other church and enrichment organizations to conduct similar studies. The report catalogues numerous resource materials that have been field tested in marriage preparation programs. It raises theological questions, pastoral suggestions, and generally provides information on American family life. Any pastor, Catholic or nonCatholic, cannot afford to miss this crucial pioneering appraisal of marriage preparation if he or she is serious about getting couples ready for the marital relationship.

—Chaplain Gilbert Beeson

Families Under the Flag: A Review of Military Family Literature

Edna J. Hunter
Praeger, New York, 1982
336 pp. $34.95

This offering by Edna J. Hunter, dean of the military family researchers, is the most thorough, up-to-date survey of military family literature available. Although her strong identification with Navy family research is evident, Dr. Hunter has examined studies produced within all branches of the Armed Forces. The volume consists of three separate components—a literature review, an extensive list of references, and a lengthy annotated bibliography. The bibliography is a revised version of one produced by Hunter, den Dulk, and Williams in 1980 and previously distributed in limited quantities by the United States Air Force Academy.

The heart of the book is the literature review. The changing nature of the family and its impact on the military system is documented throughout. Findings are reported for such stress points as the changing role of the military spouse, family separation and reunion, frequent moves and life outside the United States, difficulties associated with raising children within the military environment, wartime conditions, retirement and transition to civilian life. Both positive and negative factors are cited whenever military life is assessed, and frequent suggestions for further research are made.

Perhaps the strongest chapter in the review deals with wartime stress. Information is drawn largely from the studies of POW/MIA families. From the insights provided Dr. Hunter has constructed a useful picture of how families cope under such traumatic circumstances. She has enumerated for service providers both helpful suggestions for preparing families to face war, and strategies that should be avoided because they appear to weaken families. At a time when chaplains have been tasked to minister to families under conditions of mobilization and readiness the research findings of Hunter and others will go far toward the development

of effective models for ministry. For this chapter alone the book merits examination.

There are deficiencies in the volume, however. Much of the material is redundant and the same point is made twice, thrice, many times. One wonders why it is necessary to reference the same source separately for *each* of the nine sections in the literature review. Or why it is necessary to have an extensive reference list at all when most of the material is covered again in the annotated bibliography. Such redundancy sometimes renders the review tedious to read and the impression is given that there is much more research than is really the case. A second criticism deals with the lack of discrimination when findings are reviewed. Methodology is rarely cited, and the results of small, minor studies are often given the same significance as those of more extensive, scientifically rigorous studies.

These limitations are minor when compared to the overall value of *Families Under the Flag,* however. Although written in a scholarly manner the work is quite readable by those lacking research skills. Chaplains involved in study or program planning for the military family will find this volume an indispensible tool. Countless hours in the library can be saved, and costly mistakes can be avoided by providing realistic programs based on demonstrated needs. *Families Under the Flag* probably has little attraction for many chaplains, but those interested in understanding the military family will find it an extremely practical reference.

—Chaplain Gilbert Beeson

Religion on Capitol Hill: Myths and Realities

Peter L. Benson and Dorothy L. Williams

Harper and Row, San Francisco, CA 1982
129 pp. $11.95 Hardback

Peter L. Benson is Executive Director of the Center for the Study of Beliefs and Values at Search Institute, Minneapolis. He holds a master's degree in the Psychology of Religion from Yale University and a Ph.D. in Social Psychology from the University of Denver. He has been chairman of the psychology department at Earlham College, Richmond, Indiana. He has been a contributor to *Psychology Today* and to professional journals in the field of psychology.

Dorothy L. Williams is Senior Research Associate at Search Institute, Minneapolis, where she is also Project Director of Youth Research Survey Services and Coordinator of the Readiness for Ministry Assessment Service. She is co-author of *Ten Faces of Ministry* and has written extensively for national publications in the field of religion.

For the majority of American voters, exposure to legislators serving at the national level is almost exclusively through the media. A handful of organizational workers and a few friends get to know an incumbent or candidate; the rest of that person's constituency rarely have any personal contact with the House or Senate member from their district. This means that, among other difficulties pertaining to intelligent voting, little if anything is known about the candidate's religious orientation, let alone the

possible effects of such a stance on legislative and political activities.

This study is a noteworthy first attempt to help clarify misconceptions and longstanding myths about religious belief and its connections to congressional political issues. It is a comprehensive study made by competent professionals using carefully wrought prepared questions and scientific procedures. It involved 80 members of the House and Senate during the 96th Congress.

The accumulated data yields a predictably large amount of unique information. For instance, the authors are able to identify a half dozen types of religious outlooks that cross denominational lines and that can be linked to particular voting patterns. Again, they can identify genuine connections between religious commitment and either a conservative or a liberal political posture. Indeed, they point out that religious beliefs play important and understandable roles in relation to at least eight vital legislative issues, for example, in the pros and cons of abortion, Pentagon expenditures, civil liberties, hunger bills, foreign aid, et cetera.

But profound as the connections may be, they are also extremely complex. Religious affiliation, for instance, cannot be taken as a guide to how an individual member of Congress will vote on a particular issue. Regardless of denominational identity, the important factor is always the manner in which the religion is experienced, the way in which it actually functions in the member's own life.

At the outset of the study the authors listed six public perceptions or myths about religion in Congress, based on research prior to the actual study reported in this book. They address each of these in the unfolding story of the received data; all six turn out to be myths indeed, complete misperceptions.

Overall, the evaluations of the study data reflect a more stable, encouraging, and thoroughly human picture of Congress than that which prevails among the general public. The authors feel that the findings are general enough in character to apply to any Congress; that, after all, each reflects pretty much the constituency from which its members are elected, including individual religious attitudes.

In the interests of accuracy and helpfulness, the complete set of questions presented to each member interviewed are made available in an appendix. For the same reasons, there is an appendix detailing the six religious types discerned by the researchers and authors.

—William E. Paul, Jr.

The Origins of Life: Evolution as Creation

Hoimar von Ditfurth

Harper and Row, San Francisco, CA 1982
279 pp. $14.95 Hardback

Hoimar von Ditfurth is a German professor of psychiatry and neurology, a popular German television personality, a prolific writer of scientific books and editor of a scientific book series.

He has been awarded the UNESCO Kalinga Prize for his writings. Two of his books, translated into numerous languages, are *In the Beginning There was Hydrogen* and *The Spirit Did Not Come From Heaven,* both best sellers.

The Enlightenment/post–Enlightenment warfare between science and religion has become rather subdued in recent years. The resurgence of fundamentalist creationism and the emergence of the Moral Majority movement in the United States have troubled the waters somewhat. But overall there seems to be a truce of sorts between the combatants; each side observes certain territorial limits in order to avoid open controversy. One set of truths belongs to theologians, another to scientists. The author of this interesting and informative book finds such a situation absurd and writes to urge a recovery of indivisible truth, namely a proper synthesis of religious and scientific insights regarding the world and the universe.

His approach to the task is made from a firm conviction of the central role of evolution in modern science. The concept of evolution, in his view, unlocks the door to a completely new understanding of some very old theological propositions, including that of humankind as the apex of creation and that of a reality beyond the world as we know it. Thus his argument begins with a lengthy survey of modern scientific thinking about evolution, and includes valuable insights into the revolution set in motion by Charles Darwin, the claims of vitalism and related viewpoints, and human responsibility for participation in the ongoing changes of the evolutionary process.

Subsequent chapters blend philosophical thinking and scientific thinking for discussions of the nature of reality, logical positivism, and the relationship between the modern scientific world view, cosmogony, and the possibility of some transcendent other world.

The final four chapters consider "The Future of Evolution and the End of the world." Dr. von Ditfurth believes that evolution is a finite process, that is, cosmic evolution proceeds toward some goal that has ultimacy, that brings it to its own end. Mind, individual consciousness, cannot have been generated by the evolution of matter nor be viewed as a mere phantom; the logical alternative, therefore, for describing the situation is a metaphysical dualism. Beyond the three-dimensional world of ordinary experience, beyond "an onto-logical frontier," there lies another, transcendent dimension. Human evolutionary transition to that next level may already have begun. As the author phrases it, "Evolution . . . opens up ever broader domains of transcendence to its creatures." Ultimately, therefore, this may lead to evolution's natural end as "this empirical world and transcendent mind are transfused into one another."

All of this material, the author asserts, must be regarded as his own serial speculations. None of it is meant to be polemical or in any way a threat to current theological thinking. The aim is rapproachment between modern science and theology; renovation of religious positions, not demolition.

The book offers an opportunity for learning from a competent source about current scientific evolutionary thinking. It also offers some thoughtful, often enlightening reflections germane to its title and subtitle that religious persons will want to discuss and consider in depth.

—**William E. Paul, Jr.**

Christ in the Light of the Christian–Jewish Dialogue

John T. Pawlikowski, O.S.M.

A Stimulus Book/ Paulist Press, New York, NY 1982
168 pp. $7.95 Paperback

John T. Pawlikowski is professor of Social Ethics at the Catholic Theological Union, a constituent school of the Chicago Cluster of Theological Schools. He is a prominent figure in the Christian–Jewish dialogue, participating as lecturer, writer, advisor to the American Bishops' Secretariat for Catholic–Jewish Relations and a member of the Israel Study Group of Christian scholars. President Carter in 1980 appointed him to the United States Holocaust Memorial Council, a position he continues to hold.

The ambiguities, uneasiness, and feelings of guilt engendered by the Nazi Holocaust and the continuing blight of anti–Jewish prejudice combine to bemuse Christians in their relationships with Jews. A decade–plus of serious dialogue between many of the best minds of both faith communities has improved the situation somewhat. There are signs of growth and expansion in the still–nascent movement toward better understanding and closer connections on both personal and corporate levels. John Pawlikowski's book is another positive contribution to this absolutely essential movement.

He proceeds along the lines of a personal concept of theology as being "experienced meaning seeking expression in a faith setting." His own experience of the Christian–Jewish dialogue has led to a changed expression of Christology; he is not, he asserts, attempting to be merely theologically innovative in this study. Indeed, the Christological mode he proposes is described as tentative in nature, requiring further consideration and reflection by theologians of both religious communities.

The body of the study opens with an erudite critical survey of the work of theological writers experienced in the dialogue. None has yet produced a Christologically reformulated model acceptable to any meaningful number of reputable scholars; there are areas of general agreement that augur well for future development of such a model. In much the same way an examination of the writings of selected major systematic theologians regarding their Christological approach to Judaism reveals limited, incipient awareness of a need to rethink Christology based on sensitivity to the Holocaust experience. There seems to be no genuine breakthrough of positive worth regarding the Jewish question.

In view of these perceived inadequacies, Pawlikowski develops the framework of his own Christological reformulation. It incorporates some of the promising ideas culled from the writings surveyed, yet maintains a

uniqueness of its own. He offers a rearrangement of the context of Christian–Jewish Christological discussion and a basis for further constructive theological thought. The proposed model hinges on a number of his personal principles. These include a conviction that any Christology which sees Jesus' ministry as simply fulfillment of Jewish Messianic prophecies is invalid; that Jesus' fundamental link with Second–Temple Judaism lay in a revolutionary vision he shared with the Pharisees; that Incarnational Christology remains the basic theological difference between Christianity and Judaism; that there must be retained a clear recognition of Judasim's commitment to justice within history; that the main Judaic contribution to Christological thinking will concern an understanding of the covenant tradition of the Exodus "and the sense of salvation within history that this convenant entails as well as the sense of peoplehood."

A penultimate chapter considers the compelling effect of the Nazi Holocaust on some contemporary Christological perspectives along with the author's critical commentary. The final chapter examines the matters of the Christian mission to the Jews and the manner in which the Jews are depicted in Christian liturgy. Chapter notes and an "Index of Authors" complete the text.

—William E. Paul, Jr.

Early Christians: Life in the First Years of the Church

John W. Drane

Harper & Row, Publishers, San Francisco, CA 1982
144 pp. $9.95 Paperback

John W. Drane is Lecturer in Religious Studies at the University of Stirling, Scotland. His previous books, *Paul* (1977) and *Jesus and the Four Gospels* (1979), received wide critical acclaim for their high standards of scholarship as well as attractive layout.

Those already aware of John Drane's work in the presentation of historical and cultural contexts of New Testament writings will welcome this latest addition to his published work. Those not yet acquainted with this gifted scholar's skills will find their appetites whetted for more examples.

This volume follows the same useful format as its predecessors (noted above), namely a well written text enhanced by photographs, maps, and charts. It details life in the first years of the Christian Church following Jesus' death. In a swiftly moving narrative we are offered informed glimpses of the conflicts that developed within and around the movement, the steady spread of the Gospel from Jerusalem out into Palestine and the known world, and the birth of the Church as church. Along the way are relevant excurses into some of the principal personalities, selected biblical writings, a few of the doctrinal peculiarities, and other information connected with the story that help increase our understanding of the biblical records and of the historical/cultural life situation of our earliest spiritual forebears.

The book is indeed "An Illustrated Documentary," as its publishers note. It provides a biblically oriented and dynamic presentation of the vigor and diversity of the Christian movement in its earliest years. It has value for individual and group study of the New Testament as well as for religious education instructors.

—William E. Paul, Jr.

Women of the Cloth

Jackson W. Carroll, Ph. D.
Barbara Hargrove, Ph. D.
Adair T. Lummis, Ph. D.
Harper and Row, 1983, 258 pages

Authors Carroll, Hargrove and Lummis's study of women clergy is a first in its field. Using a sociological statistical model, data from 1300 plus respondents—men and women clergy, seminar faculty, church executives and laity—is analyzed.

The book begins with the historical dimension of women in the church. The focus then shifts to the data on clergy related topics such as: family background, reasons for entering seminary, seminary and job market experiences, functioning in the parish and the balancing of career roles, job responsibilities and career development.

From the data, major obstacles for the acceptance of women clergy still occur. Much of the non-acceptance is due to the strongly male oriented clergy pattern of Christian tradition. "Even when exposure to a clergywoman reduces significantly the expressed preference for a male minister, there is no overwhelming preference for a female." Existing inequities include career progression, pay differences between male and female clergy, and the absence of clergywomen in policy making bodies. The research suggests that sexism in the church and culture is responsible for much of the inequity. "Institutional sexism can perpetuate inequities even when individuals in the institutions do not have sexist intentions."

Assessments from the study suggest a positive future. Over the past fifty years there has been an increase of 240% of ordained clergywomen. However, this increase only averages 4.2% of the total clergy for the nine major denominations. More and more women are intering seminary. "In the years 1980–1981, one fourth of the Master of Divinity students in the nine denominations studied, (except UPUS), were women." Other positive trends indicate that women were found to be functioning competantly as pastors who relate well to most parishoners, other clergy and the judicatory officials. "Time and increasing exposure to women pastors have had a generally salutary effect on the acceptance of women as ordained ministers."

—Chaplain (CPT) Maria J. Snyder

Biblical Words & Their Meaning: An Introduction to Lexical Semantics

Moises Silva.

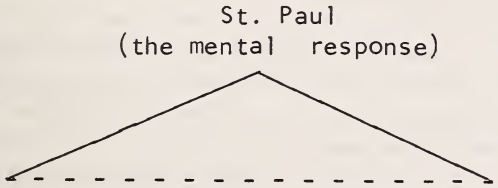
Zondervan Publishing House, 1983. 201 pages, $8.75 paper.

Perhaps there is no chaplain who has not at some time preached a sermon based on a single word. His or her preparation might have included an "exhaustive" study of that word's occurrences (via concordance) in the entire Bible. Perhaps even an old lexicon was consulted to learn how the word was used by ancient writers outside the Bible.

Moises Silva certainly approves of word studies and sermons that explore biblical concepts, but he warns of the dangers of ignoring modern gains in the field of linguistics. He wants preachers to become more efficient in their interpretations and more accurate in their exegesis. Why? He believes the Bible to be of such importance that we ought not to be ignorant of the linguistic gains applicable to the Scriptures.

The following are some of the book's contents that chaplains will want to study: Etymology, Semantic Change in the New Testament, Sense Relations, and Determining Meaning.

St. Paul wrote, "Cursed is everyone who is being hanged upon a *xulon*" (Galatians 3:13). If we want to interpret the last word, we must begin with the "Ogden–Richards's famous triangle"



Symbol
(Greek word xulon)

Referent
(the Cross--a tangible wooden torture instrument)

In Paul's mind itself the linguistic symbol *xulon* and the physical, historical referent (*the* one on which Jesus died) came together with all sorts of thoughts, emotions, and understanding. The broken line between *symbol* and *referent* indicates that not every *xulon* has the same referent. And because the interior mental response in Paul's mind is a subjective matter, we interpreters today can *never* know everything he mentally experienced when he employed *xulon* in this context.

Biblical Words & Their Meaning is ably described by the American Bible Society's Dr. Eugene Nida:

The combination of sound linguistic and biblical insights is

certainly encouraging at a time when there is such a tendency for people, in the interest of their own theological orientation, to go to extremes in one direction or another... It will prove to be a real help to many pople.

—Chaplain (CPT) Robert H. Countess

The Story of Jesus

Norman J. Bull
Abingdon, 1982, 157 pages

This is a beautiful hard bound book of Biblical stories which have been re-told for school-age children. It focuses on twenty-five stories about Jesus and parables which Jesus told.

The author has followed the Biblical scenario fairly carefully, but has attempted to transcend some of the barriers that might prevent children from a full participation in the Biblical text. He tells the stories in his own words; he intersperses throughout the stories brief explanations of details of the Biblical stories or customs of the Biblical times that might otherwise be confusing; he gives Biblical-sounding names to the characters of the stories who might have been referred to in the original text only as "a certain man" or "the elder brother."

At the end of the book, he has a fine section on "Life in the Time of Jesus." It explains such ordinary facets of Jewish life as housing, occupations, relationships with the Romans, religious customs, and many others.

Each story is illustrated with two or three color pictures. "Life in the Time of Jesus" is even more generously illustrated. The illustrations are generally well done, and will help to capture the child's imagination. The pictures of Jesus look more Western than Semetic, but that is a problem of most Christian art.

This is a fine-quality book for children which the parents will enjoy with the children. It would make a beautiful gift for a birthday or Christmas.

How Jesus Came

Thomas Wahl, O.S.B.
Illustrated by Gertrud Mueller Nelson
New York: Pueblo Publishing Company, 1981

Parents of very pre-school children will find this to be a wonderful book to teach their children of the incarnation. The text is very brief, and will not overwhelm the attention span of small children.

The illustrations will captivate readers young and old alike. Painted in bold, bright colors, they have a primitive feel reminiscent of Central American indian art. Large, bold figures dominate the pages, but the artist

sustains interest with bits of ornate detail. Many flowers and other flora and fauna enliven the pictures.

The book focuses on the birth of Jesus, but ends with a page on the cross and a page on the second coming, helping the child to grasp the meaning of the manger.

This is an excellent book, which Chaplains will want to recommend to parents of pre-school children. Although it is published by a Catholic publisher, Protestants will find it to their taste as well.

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